

Prevention Case Management

And

Individual Level HIV Counseling

Washington State
Guidances

April 2004

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In an effort to clarify and expand the Prevention Case Management (PCM) Guidance issued by the Centers For Disease Control and Prevention (CDC) in 1997, Washington State formed a committee of PCM providers to review the CDC guidance and provide input to the Washington State Department of Health for the development of a PCM and Individual Level Counseling Guidance manual. This draft guidance is issued April 30, 2004.

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Dedication

This Prevention Case Management Guidance Is Dedicated To Nancy Hall

Nancy initiated the Prevention Case Management work-group included in the list on the previous page in order to establish Prevention Case Management (PCM) standards in Washington State and to ensure PCM is a viable intervention for those living with or at risk of HIV infection. She worked tirelessly on the guidance until she became too ill to continue. She may not be with us physically, but she is now and will always be with us in spirit. The result of Nancy's work continues to assist clients who were not afforded the opportunity to meet, know and thank her.

Thanks Nancy, for a job well done!

**2004 Washington State Guidance
For Prevention Case Management
And
Individual Level HIV Counseling Guidance**

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Washington State Guidance For Prevention Case Management And Individual Level HIV Counseling Guidance 2004

Introduction

The Centers for Disease Control and Prevention (CDC) has established a taxonomy for HIV prevention interventions that has been routinely adopted by states and localities receiving CDC HIV prevention funds. Within this taxonomy, Health Education and Risk Reduction (HE/RR) intervention types are categorized as Group Level (GLI), Individual Level (ILI), Prevention Case Management (PCM), or Street and Community Outreach (Outreach). Each of these intervention types is designed to assist individuals in making sustainable behavioral changes by providing them with the skills, information, resources and materials necessary to reduce the risk of acquisition or transmission of HIV. Each of these intervention types varies in several respects.

Appropriateness for the Target Population: Depending on the needs and desires of the at risk populations that are the “target” of the intervention, some interventions will be more acceptable, culturally appropriate, and relevant for producing the desired behavioral change outcomes.

Intensity of Need Among Individuals Within the Target Population: The “dosage” or effort required to achieve measurable, sustainable behavioral change varies among target populations. Language and cultural barriers, educational levels, history of substance abuse, and psychological or developmental challenges are some of the factors that will determine the intensity of the intervention, or dosage, required for the target population to achieve the desired level of behavioral change. When categorized by intensity, HE/RR¹ interventions are from low to high intensity: Street and Community Outreach; Group Level Interventions; Individual Level Interventions; and Prevention Case Management.

Evidence of Effectiveness for the Target Population: Some interventions have been tested and shown to be effective with particular target populations, while others have not. Interventions that have shown evidence of effectiveness should be the primary interventions considered for implementation with the target population. The specific core elements and protocols used to deliver the intervention, as tested and evaluated, must be replicated in order to predict similar behavioral outcomes for the target population at the new intervention site.

¹ The Centers for Disease Control and Prevention’s “*Advancing HIV Prevention New Strategies for a Changing Epidemic; Advancing HIV Prevention: Interim Technical Guidance for Selected Interventions.*”

The following guidances have been developed to assist HIV prevention programs in Washington State in developing and implementing ILI and PCM interventions and in defining the context in which each should be considered an appropriate HIV prevention intervention for communities and clients. As stated above, ILI and PCM are both defined as high intensity interventions and should be implemented for individuals and target populations for whom other less intensive interventions are determined to be insufficient or inappropriate for producing the desired behavioral change outcomes. A specific ILI, entitled “Individual Level HIV Counseling”, is provided as an example of an ILI with evidence of effectiveness for multiple population groups. While Individual Level HIV Counseling is defined as a high intensity intervention, generally requiring multiple sessions with each client, it is not as intensive as PCM and does not require the same level of resources, organization, and coordination with care services as does PCM. PCM should be reserved for clients whose complexity of HIV prevention needs cannot be met with Individual Level HIV Counseling, another ILI, or other less intensive interventions.

This guidance is based on:

- The CDC’s *HIV Prevention Case Management Guidance*, and *HIV Prevention Case Management: Literature Review and Current Practices*, both issued in 1997. The CDC HIV Prevention Case Management Guidance is available on the web at: <http://www.cdc.gov/hiv/PUBS/hivpcmg.htm>;
- The CDC’s new initiative entitled “*Advancing HIV Prevention: New Strategies for a Changing Epidemic*”, April 2003 and “*Advancing HIV Prevention: Interim Technical Guidance for Selected Interventions*”, August 2003;
- Washington State Department of Health program performance measures requirements (Pending development) that are responsive to the *CDC’s Program Announcement 04012 for HIV Prevention Projects for 2004-2008*; and,
- The CDC’s *HIV Health Education and Risk Reduction Guidelines*, April 1995, located on the web at: http://www.cdc.gov/hiv/HERRG/HIV_HERRG.htm.

Prevention Case Management Guidance

Standards

The standards cited in this guidance represent the minimum standards of any program that will utilize federal funding to support (PCM) in Washington State. These standards must be applied to all PCM programs and services. The standards are those established by the CDC in the 1997 Guidance and describe the core elements that are essential for success in planning, implementing and evaluating a PCM program. All programs implementing PCM must comply with all CDC guidelines and are encouraged to expand their own standards and guidance to extend beyond these core elements in order to tailor their program to the needs of their clients.

Assumptions

This Prevention Case Management Guidance is based on the following assumptions:

- PCM is one among multiple interventions intended to address the HIV prevention needs of people infected with HIV and/or uninfected individuals at risk of HIV acquisition or transmission, as well as individuals with unknown HIV infection status;
- PCM cannot succeed in reducing risk behaviors without clients willing and able to complete the intervention;
- PCM cannot succeed without the availability of the full range of essential service provider agencies committed to the program and to client success;
- HIV primary prevention (preventing the transmission or acquisition of HIV) is the fundamental goal of PCM;
- PCM is not “Individual Level HIV Counseling” alone, without the case management component;
- Behavior-change goals in individualized client-centered prevention plans drive the duration and intensity of the PCM intervention for the client;
- Early identification of HIV infection enables individuals to make informed decisions about their own health;
- Self-determination and self-sufficiency are primary goals when working with clients;
- High standards of PCM service delivery will improve the outcomes for clients;
- PCM is guided by the same broadly accepted professional standards adhered to by other human service professionals such as social workers, counselors and clinical psychologists; and,
- PCM cannot be delivered in a single session.

Goals Of Prevention Case Management

The goals established in the 1997 CDC Guidance are as follows:

- Provide specialized assistance to persons with multiple and complex HIV risk reduction needs;
- Provide individualized HIV risk reduction multiple-session counseling to help initiate and maintain behavior-change to prevent the transmission or acquisition of HIV and other STDs;
- Assess risks for other sexually transmitted diseases (STDs) and ensure appropriate diagnosis and treatment;
- Facilitate referrals for client’s medical and psychosocial needs that affect the client’s health and ability to change HIV related risk-taking behavior; and,
- Provide information and referrals for HIV secondary prevention needs of persons living with HIV or acquired immunodeficiency syndrome (AIDS).

Defining Prevention Case Management

PCM is a client-centered HIV prevention intervention with the fundamental goal of promoting the adoption and maintenance of HIV risk reduction behaviors by clients with multiple, complex problems and risk reduction needs. PCM provides intensive, individualized prevention counseling, support, and service brokerage. PCM is intended to provide support for persons having or likely to have difficulty initiating or sustaining practices that reduce or prevent acquisition, transmission or re-infection of HIV. PCM services also need to address those issues usually considered to be the responsibility of care case management (CCM). The focus of the PCM activities is the reduction or elimination of risk-taking behaviors.

PCM services can be provided to HIV-infected individuals or those who are uninfected or with unknown HIV infection status for which other, less intensive HIV prevention interventions are determined to be inappropriate or unavailable to address their risk reduction needs. Any program that provides services will need to determine the relationship of PCM services for HIV-infected clients with those provided under the Ryan White CARE Act, especially CCM services.

PCM includes the following essential elements:

1. Client and community needs assessments;
2. Client screening and assessment;
3. Client recruitment and enrollment;
4. Completion of a comprehensive behavioral risk assessment;
5. Development of a individualized client-centered prevention plan;
6. Multiple sessions of risk reduction counseling;
7. Active coordination of services, referrals and follow-up (including # 10 below);
8. Monitoring and reassessment of clients' needs, risk and progress;
9. Discharge plan upon completion of prevention plan goals;
10. Coordination with other local case management services; and,
11. Plans for program evaluation, monitoring, quality assurance, required data collection and analysis, record keeping and data security, and confidentiality.

Differentiating PCM From Other Risk Reduction Interventions

In April 2003, the CDC issued a new initiative entitled "Advancing HIV Prevention: New Strategies for a Changing Epidemic". In the new initiative, the CDC establishes the prevention of new HIV infections through working with people diagnosed with HIV and their partners as a major strategy. The CDC also refers to these activities as "Prevention For Positives" or "Prevention With Positives". The CDC references PCM as a primary intervention to address this strategy. However, PCM is only one among multiple potential HIV prevention interventions for both HIV-infected and uninfected individuals at risk for transmission or acquisition of HIV. Many of these other interventions have been demonstrated to be effective at achieving the same behavioral objectives as PCM. To date, there is limited evidence demonstrating the effectiveness of PCM. Therefore, less intensive, and less costly interventions may have equal or greater benefit compared to PCM, with the potential of reaching more members of the priority population, and with significantly less

cost and complexity. Before determining the appropriateness of any intervention for a given priority population, the priority population must be actively engaged in determining the appropriateness of various interventions for that population. Optional interventions for HIV-infected persons include individual level interventions, such as Individual Level HIV Counseling without the case management component, and group level interventions. Partner Counseling and Referral Services should be routinely offered and provided to people living with HIV infection. All of these are appropriate interventions for high-risk individuals, but do not meet the criteria of PCM.

The Centers for Disease Control and Prevention states that the fundamental principles underlying case management services are that case managers: 1) facilitate the linkage of clients to complex service delivery systems, and 2) help to enable clients through psychosocial interventions benefit from appropriate services. The CDC further distinguishes Prevention Case Management from other case management services by stating: “PCM involves the identification of HIV risk behaviors and medical and psychosocial needs that influence HIV risk-taking followed by the development of a client-centered Prevention Plan with specific behavioral objectives for HIV risk reduction.” By comparison, the Washington State Medicaid Rules state that HIV/AIDS Case Management services “assist persons infected with HIV to: live as independently as possible; maintain and improve health; reduce behaviors that put the client and others at risk; and, gain access to needed medical social and educational services.”

PCM characteristics include the following:

- The ‘formal’ enrollment of clients into an intensive service guided by professionally appropriate standards and protocols.
- The development of a formal relationship between the prevention case manager and client characterized by active, collaborative prevention planning, problem solving, counseling, service brokerage and referral.
- In-depth, on-going risk reduction counseling that addresses specific behavioral change objectives identified in a client-centered individual prevention plan.
- The need for sufficient professional staff competencies to conduct most functions of PCM, including assessment, prevention planning, risk reduction counseling and case management.
- Sufficient community and organizational resources to assure provision, access to and/or follow-up of indicated STD, substance abuse, mental health, health and other psychosocial support services.

Planning And Developing A Prevention Case Management Program

Following is a list of all required tasks and documents, with brief descriptions, that must be completed and in place to assure that a PCM program: 1) has been adequately planned and developed; 2) reflects the recommended standards of the CDC; and, 3) can respond to contract requirements for program performance, data collection and reporting. Appendix “A” is a list of Guidance Terms and Definitions. Appendix “B” is a list of examples of documents.

"Any program planning to implement PCM without careful planning and assessment in these areas runs the very real risk of client harm or endangerment."
CDC Prevention Case Management Guidance, 1997

The required tasks and documents are as follows:

1) Complete a Community Needs and Feasibility Assessment to document that organizational capacity and interest exist in the agency and in the community to support a PCM program, and that the minimum number of *essential supporting services*² are readily and consistently available and committed to addressing the prevention needs of PCM clients.

2) Perform a Client Population Needs Assessment to verify that PCM is culturally appropriate, relevant, and acceptable to the priority population and preferred over other potential interventions. Verify that there is a sufficient volume of client need and likelihood of client participation and completion to justify establishing and maintaining the program. When conducting client needs assessments, please refer to the DOH *Priority Population Needs Assessment Guidance*, including modules on conducting focus groups and key informant interviews, or contact your regional AIDSNET coordinator listed on page 11.

3) Execute Written Referral Agreements between PCM provider agency and essential supporting services agencies detailing the level and type of commitment each provider is making to serve PCM clients, and the protocols for referral, access, communication, information sharing, confidentiality, and maintenance of required documentation. (Appendix "B" examples 1-2.)

4) Execute Written Agreements with local care case management providers. PCM providers and programs must coordinate their activities with Ryan White-funded and other HIV care case management providers, to avoid duplication of effort and resources. (Appendix "B" example 2.)

5) Develop a PCM Program Policies and Procedures Manual to include the following:

- Staff Qualifications and Competency Requirements (Pages 13-14);
- Staff Continuing Education and Training Plan (Page 14);
- Quality Assurance Protocols (Appendix "B" examples 3-4);
- Process Evaluation Protocols (Pending development by DOH);
- Outcome Monitoring Protocols (Pending development by DOH);
- Client Eligibility Criteria (Page 12 and Appendix "B" diagram example 6);
- Client Recruitment and Engagement Protocols (Appendix "B" examples 7-8);
- Client Discharge Policies and Procedures (Appendix "B" example 9); and

² Essential Supporting Services include substance abuse treatment, mental health counseling, STD diagnosis and treatment, HIV medical care, PCRS, HIV care case management, other HIV prevention services.

- Record Keeping, Confidentiality, and Data Security Policies and Procedures Consistent with the DOH *Confidentiality And Security Manual For HIV Services*³ and the Health Insurance Portability and Accountability Act (HIPPA) laws that may or may not apply. (Appendix “B” example 10.)

6) Develop Program Operations Protocols and Materials to include the following:

- PCM Enrollment Checklist (Appendix “B” examples 11-12);
- Client Screening and Intake Form (Appendix “B” examples 13-14);
- Confidentiality Agreement (Appendix “B” examples 15-16);
- Comprehensive Behavioral Risk Assessment Tool (Appendix “B” #17);
- Verification of Serostatus (Appendix “B” example 18);
- Voluntary, Informed Consent for Prevention Case Management Services (Appendix “B” examples 19-20);
- Consent for Release of Information (Appendix “B” example 21);
- Client/Service Provider Agreement (Appendix “B” examples 8 and 22);
- Individualized Client-Centered Prevention Plan (Appendix “B” #'s 22-24);
- Goal Setting/Risk Reduction Timeline/Tracking Form (Appendix “B” # 25);
- Client Session Log (Appendix “B” example 26);
- Client Satisfaction/Feedback Form (Appendix “B” example 27); and
- Outcome Monitoring Tool (Pending development by DOH).

The chart on the following pages allows agencies to assess and evaluate whether or not they have the capacity to meet these first six requirements:

³ (Contact your Regional AIDSNET office; see page 11 for contact information.)

Tasks and Documents Necessary To Provide Prevention Case Management	Agency Has This Capacity	Agency Lacks Capacity	Agency Can Develop Capacity
1. Complete a Community Needs Assessment and Feasibility Assessment			
2. Perform a Client Population Needs Assessment			
3. Execute Written Referral Agreements			
4. Execute Written Agreements			
5. Develop PCM Program Policies and Pro- cedures Manual to include the following:			
a. Staff Qualifications and Competency Requirements			
b. Staff Continuing Education and Training Plan			
c. Quality Assurance Protocols			
d. Process Evaluation Protocols (Pending development by DOH)			
e. Outcome Monitoring Protocols (Pending development by DOH)			
f. Client Eligibility Criteria			
g. Client Recruitment and Engagement Protocols			
h. Client Discharge Policies and Procedures			
i. Record Keeping, Confidentiality, and Data Security Policies and Procedures Consistent with DOH <i>Confidentiality And Security Manual</i> and HIPPA laws			
6. Develop Program Operations Protocols and Materials to include the following:			
a. PCM Enrollment Checklist			
b. Client Screening and Intake Form			
c. Confidentiality Agreement			
d. Comprehensive Behavioral Risk Assessment Tool			

(Chart continued on next page.)

Tasks and Documents Necessary To Provide Prevention Case Management (Continued)	Agency Has This Capacity	Agency Lacks Capacity	Agency Can Develop Capacity
6. Develop Program Operations Protocols and Materials to include the following: (Continued)			
e. Verification of Serostatus			
f. Voluntary, Informed Consent for PCM Services			
g. Consent for Release of Information			
h. Client/Service Provider Agreement			
i. Individualized Client-Centered Prevention Plan			
j. Goal Setting/Risk Reduction Timeline/Tracking Form			
k. Client Session Log			
l. Client Satisfaction/Feedback Form			
m. Outcome Monitoring Tool (Pending development by DOH)			

Assessment Of Organizational And Community Capacity

Factors to assess for organizational capacity must include:

- Physical Setting and Service Site
- Staffing capacity and skills
- Referral tracking capability
- Level of knowledge of client needs
- Level of community resources

An assessment of community resources and capacity for HIV prevention, substance abuse treatment, mental health, and STD programs is crucial. These essential supporting services as well as expert HIV medical care and care case management must be routinely accessible to clients of any PCM program. In addition, the actual service sites where PCM services are delivered must be assessed to assure that these sites competently address issues of confidentiality, privacy, safety and security.

Early studies of PCM programs found that there was a higher degree of success in recruiting and retaining clients when the PCM program was located in a physical setting that had well-integrated and related services. These services might include STD and drug treatment, mental health services, other case management or social services, medical services and other HIV prevention and care services. The CDC Guidance strongly discourages ‘stand-alone’ programs from considering providing PCM services.

The following chart allows agencies to assess their organizational and community capacity to provide PCM services:

Assessment Of Organizational And Community Capacity			
	Has Capacity	Lacks Capacity	Can Develop Capacity
1. Physical Setting and Service Site: Setting with integrated and related services, and site that addresses confidentiality, privacy, safety and security.			
2. Staffing Capacity and Skills: Health Education and Counseling Competencies, see pages 13-14.			
3. Referral Tracking Capability: Document referrals, whether client accessed service, reasons referrals were not accessed and client satisfaction.			
4. Level of Knowledge of Client Population Needs			
5. Level of Community Resources			
a. Substance Abuse Treatment			
b. Mental Health			
c. STD Program			
d. Other Case Management			
e. Medical Services			
f. Other HIV Prevention and Care Services			

Assessment Of Client Population Needs

An assessment of the potential client population's HIV prevention needs must precede the provision of Prevention Case Management services. This needs assessment should be designed to prioritize which, among all potential options, is the most appropriate and acceptable intervention to address the prevention needs and achieve the behavior-change goals of the priority population. The needs assessment should elicit information about willingness and readiness to engage in various types of behavior-change interventions, the resources needed to support these interventions, and client population views of how success would be determined. PCM should be viewed as one potential intervention in the prevention needs assessment process. Careful consideration of less intensive interventions should precede a decision to implement PCM in a particular community because of the high level of resources that are needed to effectively maintain PCM programs.

Organizations planning to provide PCM services should ensure that the intervention is consistent with the Comprehensive HIV Community Prevention Plan for their Regional AIDS Services Network (AIDSNET). Federal and state funding for PCM services may be available only if this plan specifically prioritizes HIV-infected persons and/or identifies PCM as an appropriate intervention for the target population. Agencies should check with their AIDSNET office for a copy of the plan and further information about HIV prevention planning.

The contacts for the regional and state offices are:

REGION 1: Adams, Asotin, Columbia, Ferry, Garfield, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Walla Walla and Whitman counties. Region 1 AIDSNET **Coordinator: Barry Hilt**, (509) 324-1551.

REGION 2: Benton, Chelan, Douglas, Franklin, Grant, Kittitas, Klickitat, and Yakima counties. Region 2 AIDSNET **Coordinator: Wendy Doescher**, (509) 249-6503.

REGION 3: Island, San Juan, Skagit, Snohomish and Whatcom counties. Region 3 AIDSNET **Coordinator: Alex Whitehouse**, (425) 339-5211.

REGION 4: King County. Region 4 AIDSNET **Coordinator: Karen Hartfield**, (206) 209-4649.

REGION 5: Kitsap and Pierce counties. Region 5 AIDSNET **Coordinator: Mary Saffold**, (253) 798-4791.

REGION 6: Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Lewis, Mason, Pacific, Skamania, Thurston and Wahkiakum counties. Region 6 AIDSNET **Coordinator: David Heal**, (360) 397-8086.

Washington State Department of Health: HIV Prevention and Education Services. **HIV Prevention Planner: Brown McDonald**, (360) 236-3421.

Client Eligibility

PCM is a highly intensive intervention for people:

- with multiple, complex problems and risk reduction needs who are having or likely to have difficulty initiating or sustaining practices that reduce or prevent HIV acquisition, transmission or re-infection;
- whose behavior is not influenced by less intensive HIV prevention interventions, such as group level interventions, Individual Level HIV Counseling, other individual level interventions, or HIV testing and counseling; and,
- who are willing, able, and committed to completing the required number of sessions sufficient to address goals in their individualized client-centered prevention plan.

Client Eligibility Criteria must be documented in PCM program policies and procedures.

The following documents should be utilized to determine client eligibility:

- 1) A Client Screening and Intake Tool for conducting a preliminary assessment of client need and eligibility for prevention services, and for guiding appropriate referrals to other prevention and care services programs, e.g. care case management, specialized medical treatment of HIV disease, ILI⁴, GLI, PCRS and STD screening.
- 2) A Comprehensive Behavioral Risk Assessment Tool to conduct a thorough analysis of client needs, risk factors, psycho-social characteristics and for preparation of an Individualized Client-Centered Prevention Plan.

Clients determined to be ineligible for PCM services *must* be provided HIV risk reduction counseling, as well as referral to other prevention and care services. Every effort should be made to connect these clients at the time of initial screening and intake to other potential HIV prevention programs and services that would be appropriate and acceptable to the client. All HIV-infected clients should be connected to Partner Counseling and Referral Services (PCRS) and care case management (CCM). Provider agencies should develop effective procedures for connecting HIV-infected individuals to PCRS and CCM services.

Priority for PCM services should be given to HIV-infected persons.

“Programs should be aware that recruitment and retention of clients has proven to be difficult.”

CDC Prevention Case Management Guidance, 1997

⁴ILI-Individual Level Intervention; GLI-Group Level Intervention; PCRS-Partner Counseling and Referral Services; STD-Sexually Transmitted Disease.

Staff Qualifications, Training And Development Needed To Provide Prevention Case Management

Prevention case managers must have a broad array of sophisticated skills as well as experience with clients that have multifaceted and complex behavioral and psychological issues. Depending on the level of community resources available, the prevention case managers may also need to be skilled in mental health counseling, substance abuse treatment, behavior modification techniques and relapse prevention strategies.

A combination of education and experience defines the qualifications needed for staff who perform PCM. A Bachelor's degree in a human services field such as social work, nursing, psychology, counseling or health education is the minimum educational requirement for a prevention case manager. A Bachelor's degree in a field other than human or behavioral sciences is acceptable, in combination with at least one year of related work experience. In most cases, it is found to be extremely helpful for the PCM case manager to have a clinical degree with many years of experience, or a Master's in a clinical field related to case management and significant experience with HIV and related issues. In some cases, agency managers may need to hire or contract with professional staff to support the PCM program, from assessment through discharge. It is the manager's responsibility to ensure that staff are appropriately trained and have the requisite skills to accomplish each required component of PCM.

In all cases, PCM staff must demonstrate competency in the areas listed in the following chart. If staff are not currently competent in these areas, a timeline delineating acquisition of these skills should be established immediately. The chart below allows agencies to examine skill areas and identify those that need attention. It also helps agencies determine whether or not an employee is suited for PCM, or would be better utilized in a different capacity or delivering a different intervention.

Health Education and Counseling Competencies for Providing Prevention Case Management	Employee Has Competency	Employee Lacks Competency	Employee Can Develop Competency
1. Case Management			
2. Counseling			
3. Effective Communication			
4. Assessment Techniques			
5. HIV Behavior Change Principles And Strategies			
6. HIV, AIDS, And Other STDs			

7. Ability to Maintain Written Documentation			
8. Motivational Interviewing			
9. Crisis Intervention			
10. Human Sexuality			
11. Substance Abuse			
12. Cultural And Linguistic Competencies			

Prevention case managers must have on-going clinical supervision by an appropriately skilled professional in the areas of clients' needs. Staff should receive at least 16 hours of related education or training per year.

PCM supervisors and/or program managers require academic training and experience sufficient to adequately develop the PCM program and to supervise staff both in work process and clinical issues. They must understand program goals, objectives, protocols and quality assurance and evaluation measures.

Caseload

Depending on client need or acuity, an ideal full-time Prevention case manager caseload ranges from 20 to 25 clients. This will vary depending on complexity and acuity of need for individual cases over the length of time the clients are served. Where clients are highly complex and acute, the caseload should be expected to be correspondingly lower. Likewise, in communities where external resources are very limited, it is highly likely that the prevention case manager will have a more intense and complex role which will limit the caseload capacity.

Partner Counseling And Referral Services

It is important for agencies providing prevention services to HIV-infected individuals to recognize the importance of notifying the sex and/or needle-sharing partners of HIV-infected clients that they have been exposed to HIV. This is a very high priority of CDC's Advancing HIV Prevention Initiative. Clients are often overwhelmed with their own emotional and health concerns and unable to notify their partners without assistance. Offering and arranging for partner notification assistance acknowledges the client's care needs, as well as the critical health risk information needs of partners.

PCM program staff should coordinate with disease investigation specialists to offer confidential partner notification assistance to clients.

PCM program staff must develop a protocol for assisting HIV-infected clients with partner notification. Actively referring clients for partner notification services to professional disease investigators should be the primary goal of the protocol.

Staff can also elicit partner identifying information, description, and locating information and confidentially refer this information to local public health disease investigator/field notification staff. This can be done without disclosing anything about the HIV-infected client. If PCM staff will be eliciting partners, this should be included in the protocol, and staff should be trained on the type of information needed to locate and notify partners confidentially.

Liability, Risk Management And Ethical Considerations In Regard To Disclosure And Duty To Warn Issues

Established professional standards of conduct affect all individuals and agencies providing HIV Prevention Case Management. Registered, certified or licensed professionals (such as Social Workers, Mental Health Counselors, Chemical Dependency Counselors etc.) are required to adhere to professional standards of conduct that address mandated disclosure.

PCM providers should develop agency protocol and documents that address mandated disclosure of confidential information. These documents ensure that each and every client understands confidentiality exceptions. The client is provided this information in a written document that requires a client signature. This clarifies to the client the consequences of disclosing certain issues.

Agencies providing PCM services must identify and evaluate any existing policies that they have in place that address mandated disclosure. If in evaluating agency policies the agency determines that they are inadequate in ensuring that clients are fully informed regarding mandatory disclosure, the agency will need to establish new policies to address these issues with the assistance of legal counsel.

The agency will select the method by which it assures that clients are fully informed, in writing, of mandated disclosure issues. A logical place for this information is to be included in the consent for services form that clients sign prior to beginning PCM services.

Coordination Of PCM With Care Case Management

PCM providers and programs must coordinate their activities with Ryan White-funded Care Act (RWCA) and other HIV care case management providers to avoid duplication of effort and resources.

“PCM must never duplicate Ryan White case management services.”
CDC Prevention Case Management Guidance, 1997

HIV Prevention Case Management should only be considered for a client after a comprehensive behavioral risk assessment has demonstrated that:

- the complexity of the client's needs is of such magnitude that the individual's prevention needs cannot be met through less intensive interventions and
- the client's prevention needs can only be addressed by a prevention case manager.

The prevention needs of most clients can be met through HIV risk reduction counseling, as well as other individual and group level interventions. These types of interventions can work closely with care case management programs and assure that other related service needs are coordinated, brokered or delivered by a care case manager. In such cases, the functions of care and prevention staff are clearly delineated and will compliment, not duplicate each other.

In many agencies, it is standard practice to have a care case manager immediately available when newly identified HIV-infected clients receive their test results to ensure that they are immediately linked to HIV care services. In order to address the priorities of the CDC's "New Initiative" similar procedures should be put in place to assure that case management clients are screened for prevention needs and linked to prevention services.

In some circumstances both forms of case management may be provided by the same agency, but PCM must remain sufficiently separate to document and evaluate outcomes based on DOH PCM requirements, policies and procedures. Where services are provided by different agencies within the community, RWCA services can be critically helpful to stabilize PCM clients and to allow the PCM case manager and client to focus intensely on reducing HIV transmission. It is also critically important that clients scheduled to receive both RWCA and PCM services meet eligibility requirements for both programs, as the requirements differ. For instance, RWCA services can only be provided to persons living with HIV and generally not those at high risk of becoming infected.

Technical Assistance From Washington State

Washington State Department of Health, HIV Prevention and Education Services staff are available to provide technical assistance on this guidance, on Prevention Case Management program development, needs assessment, and other interventions for individuals at high risk for HIV infection as well as individuals living with HIV infection. For further information contact Frank Hayes at (360) 236-3486 or Frank.Hayes@doh.wa.gov.

CDC STANDARDS FOR PCM PROGRAMS

The following standards are those adopted by the CDC in the 1997 Prevention Case Management Guidance and describe the required elements that are essential for success in planning, implementing and evaluating a PCM program. These standards are minimums that must be adhered to by PCM providers in Washington State, and must be incorporated into program policies, procedures, and protocols. Additional core elements are derived from text associated with each standard in the 1997 Prevention Case Management Guidance, or are

core elements identified by the Washington State Department of Health as essential for maintaining the integrity of PCM interventions. All PCM programs are encouraged to expand their own standards and guidance to extend beyond these minimums.

CLIENT RECRUITMENT AND ENGAGEMENT

- Protocols for client engagement and related follow-up must be developed, such as requiring a minimum number of follow-up contacts within a specified time period.

SCREENING AND ASSESSMENT

- PCM program staff must develop screening procedures to identify persons at highest risk for acquiring or transmitting HIV and who are appropriate clients for PCM.
- All persons screened for PCM, including those who are not considered to be appropriate for PCM, must be offered counseling by the prevention case manager and referrals relevant to their needs.
- Thorough and comprehensive assessment instrument(s) must be obtained or developed to assess HIV, STD, and substance abuse risks along with related medical and psychosocial needs.
- All PCM clients must participate in a thorough client-centered assessment of their HIV, STD, and substance abuse risks and their medical and psychosocial needs.
- Case managers must provide clients a copy of a voluntary informed consent document for signature at the time of assessment. This document must assure the client of confidentiality.

DEVELOPMENT OF A CLIENT- CENTERED PREVENTION PLAN

- A written Prevention Plan must be developed for each PCM client with client participation, which specifically defines HIV risk reduction behavioral objectives and strategies for change.
- The Prevention Plan must address issues of adherence for persons living with HIV and receiving antiretroviral or other drug therapies.
- The Prevention Plan must address efforts to ensure that a PCM client is medically evaluated for STDs at regular intervals regardless of symptom status.
- The Prevention Plan must address referral to appropriate drug and/or alcohol treatment for clients with substance abuse problem.
- Clients must sign-off on the mutually negotiated Prevention Plan to ensure their participation and commitment.
- Client files that include individual Prevention Plans must be maintained in a locked file cabinet to ensure confidentiality.

HIV RISK REDUCTION COUNSELING

- Multiple-session HIV risk reduction counseling aimed at meeting identified behavioral objectives must be provided to all PCM clients.
- Training and quality assurance for staff must be provided to ensure effective identification of HIV risk behaviors and appropriate application of risk reduction strategies.
- Clients who are not aware of their HIV antibody status must receive information regarding the potential benefits of knowing their HIV serostatus.
- Clients must be provided education about the increased risk of HIV transmission associated with other STDs and about the prevention of these other STDs.
- PCM program staff must develop a protocol for assisting HIV-infected clients in confidentially notifying partners and referring them to counseling and testing or other prevention services. For persons receiving treatment for opportunistic infections and/or antiretroviral therapy(ies), counseling to support adherence to treatments/therapies must be provided.

COORDINATION OF SERVICES WITH ACTIVE FOLLOW-UP

- Formal and informal agreements, such as memoranda of understanding, must be established with relevant service providers to ensure availability and access to key service referrals.
- A standardized written referral process for the PCM program must be established.
- Explicit protocols for structuring relationships and communication between case managers or counselors in different organizations are required to avoid duplication of services, for example, how to transfer or co-manage PCM clients with Ryan White CARE Act case management.
- Communication about an individual client with other providers is dependent upon the obtainment of written, informed consent from the client.
- A referral tracking system must be maintained.
- Annual assessment of relevant community providers with current referral and access information must be maintained.
- A mechanism to provide clients with emergency psychological or medical services must be established.

MONITORING AND REASSESSMENT OF CLIENTS' NEEDS AND PROGRESS

- Prevention case managers must meet on a regular basis with clients to monitor their changing needs and their progress in meeting HIV behavioral risk reduction

objectives. Individual meetings with a client must be reflected in the client's confidential progress notes.

- A protocol must be established defining minimum, active efforts to retain clients. This protocol should specify when clients are to be made "inactive."

DISCHARGE FROM PCM UPON ATTAINMENT AND MAINTENANCE OF RISK REDUCTION GOALS

- A protocol for client discharge must be established. Organizations must make efforts to ensure that clients have received appropriate referrals and are adequately receiving needed services at the time of discharge (graduation).

STAFF QUALIFICATIONS

- Staff must be provided written job descriptions and opportunities for regular, constructive feedback. In addition, staff must be provided opportunities for regular training and development.
- Organizations must hire case managers with the appropriate training and skills to complete the PCM activities within their job description.
- All staff must be knowledgeable of confidentiality laws and agency confidentiality policies and procedures.

COORDINATION OF PREVENTION CASE MANAGEMENT WITH RYAN WHITE CARE ACT CASE MANAGEMENT

- An explicit protocol for structuring relationships with Ryan White CARE Act (and other care case management providers) must be established and should detail how to transfer and/or share clients.
- PCM must not duplicate Ryan White CARE Act (or other) case management for persons living with HIV, but PCM may be integrated into these services.

QUALITY ASSURANCE

- Clear procedure and protocol manuals for the PCM program must be developed to ensure effective delivery of PCM services and minimum standards of care.
- Written quality assurance protocols must be developed and included in procedure and protocol manuals.
- Client PCM records must contain a copy of the voluntary informed consent document and the Prevention Plan showing the client's signature.

ETHICAL AND LEGAL ISSUES

- **Confidentiality**

Organizations must have well-established policies and procedures for handling and maintaining HIV-related confidential information that conform to state and federal laws.

These policies and procedures must ensure that strict confidentiality is maintained for all persons who are screened, assessed, and/or participate in PCM.

- **Voluntary and Informed Consent**

A client's participation must always be voluntary and with the client's informed consent.

Documentation of voluntary, informed consent must be maintained in the client's file.

In addition, a client's informed consent is required before a prevention case manager may contact another provider serving that same client.

- **Cultural Competence**

Organizations must make every effort to uphold a high standard for cultural competence, that is, programs and services provided in a style and format respectful of the cultural norms, values, and traditions that are endorsed by community leaders and accepted by the priority population.

- **Professional Ethics**

PCM must be governed by the same general professional ethics that govern most human service fields such as social work, counseling, and clinical psychology.

- **Duty to Warn**

Organizations must be familiar with state and local procedures/requirements related to duty to warn other individuals at risk or in physical danger (i.e. mandated disclosures).

Individual Level HIV Counseling Guidance

Assumptions

This Individual Level HIV Counseling Guidance is based on the following assumptions:

- Individual Level HIV Counseling is one among multiple interventions intended to address the HIV prevention needs of people infected with HIV and/or uninfected individuals at risk of HIV transmission, as well as individuals of unknown HIV-infection status;
- Individual Level HIV Counseling cannot succeed in reducing risk behaviors without clients willing and able to complete the intervention;
- HIV primary prevention (preventing the transmission or acquisition of HIV) is the fundamental goal of Individual Level HIV Counseling;
- Behavior-change goals in individualized client-centered prevention plans drive the duration and intensity of Individual Level HIV Counseling for the client;
- Early identification of HIV infection enables individuals to make informed decisions about their own health;
- Self-determination and self-sufficiency are primary goals when working with clients;
- Individual Level HIV Counseling is guided by the same broadly accepted professional standards adhered to by other human service professionals such as social workers, counselors and clinical psychologists; and,
- Individual Level HIV Counseling generally cannot be delivered in a single session.

Goals Of Individual Level HIV Counseling

The goals of Individual Level HIV Counseling are as follows:

- Provide individualized HIV risk reduction multiple-session counseling to help initiate and maintain behavior-change to prevent the transmission or acquisition of HIV and other STDs;
- Assess risks for other sexually transmitted diseases (STDs) and make appropriate referrals for diagnosis and treatment;
- Facilitate referrals for client's medical and psychological needs that affect the client's health and ability to change HIV related risk-taking behavior; and,
- Provide information and referrals for HIV secondary prevention needs of persons living with HIV or acquired immunodeficiency syndrome (AIDS).

Defining Individual Level HIV Counseling

Individual Level HIV Counseling is an interactive process whereby clients are individually assisted in identifying the specific behaviors, and context of those behaviors, which place them at increased risk for acquiring or transmitting HIV. The process of Individual Level HIV Counseling also aids a client in identifying and committing to specific strategies designed to reduce the risk for acquisition, transmission or re-infection of HIV.

Individual Level HIV Counseling must be client-centered with a focus on developing HIV prevention goals and strategies with the client rather than simply providing information. HIV prevention counselors assist clients with personalizing prevention messages and provide materials needed to translate these messages into protective behaviors. Supporting materials include printed literature, condoms and other disease prevention tools. Individualized risk reduction plans should be documented, reviewed and reinforced with *each* client encounter.

Individual Level HIV Counseling characteristics include the following:

1. Client and community needs assessments;
2. Client screening and assessment;
3. Completion of a comprehensive behavioral risk assessment;
4. Development of an individualized client-centered prevention plan;
5. Multiple sessions of risk reduction counseling;
6. Referrals to appropriate medical, prevention and support services;
7. Reassessment of client's needs, risk and progress;
8. Professional staff competencies to conduct assessments, prevention planning and risk reduction counseling; and,
9. Plans for program evaluation, monitoring, quality assurance, required data collection and analysis, record keeping and data security, and confidentiality.

Differentiating Individual Level HIV Counseling From Other Risk Reduction Interventions

Individual Level HIV Counseling as an individual level intervention differs from HIV counseling provided in the context of HIV testing, in that the Individual Level HIV Counseling is generally multi-session and is not directly connected to HIV testing. It differs from prevention case management in that it is less intensive and generally of shorter duration and does not typically include the active coordination of services, referrals and follow-up. It differs from outreach in that an individualized client-centered prevention plan is developed.

In April 2003, the CDC issued a new initiative entitled “Advancing HIV Prevention: New Strategies for a Changing Epidemic”. In the new initiative, the CDC establishes the prevention of new HIV infections through working with people diagnosed with HIV and their partners as a major strategy. The CDC also refers to this approach as “Prevention For Positives” or “Prevention With Positives”. The CDC references Prevention Case Management (PCM) as a

primary intervention to address this strategy. However, PCM is only one among multiple potential HIV prevention interventions for both HIV-infected and uninfected individuals at risk for transmission or acquisition of HIV. Many of these other interventions have been demonstrated to be effective at achieving the same behavioral objectives as PCM. Before determining the appropriateness of any intervention for a given priority population, the priority population must be actively engaged in determining the appropriateness of various interventions for that population. Optional interventions for HIV-infected persons should include individual-level interventions, such as Individual Level HIV Counseling without the case management component, and group level interventions. Partner Counseling and Referral Services should be routinely offered and provided to people living with HIV infection.

Planning And Developing An Individual Level HIV Counseling Program

Following is a list of all required tasks and documents, that must be completed and in place to assure that an Individual Level HIV Counseling program: 1) has been adequately planned and developed; and 2) can respond to contract requirements for program performance, data collection and reporting.

The required tasks and documents are as follows:

1) Perform a Client Population Needs Assessment to verify that Individual Level HIV Counseling is culturally appropriate, relevant and acceptable to the priority population and preferred over other potential interventions. Please refer to the *DOH Priority Population Needs Assessment Guidance*, including modules on conducting needs assessments.

2) Develop an Individual Level HIV Counseling Program Policies and Procedures Manual to include the following:

- Staff Qualifications and Competency Requirements (Pages 28-29);
- Quality Assurance Protocols (Appendix “B” examples 3 and 5);
- Process Evaluation Protocols (Pending development by DOH);
- Outcome Monitoring Protocols (Pending development by DOH);
- Client Eligibility Criteria (Pages 27-28 and Appendix “B” # 6); and,
- Record Keeping, Confidentiality, and Data Security Policies and Procedures consistent with the DOH *Confidentiality And Security Manual For HIV Services*, (contact your Regional AIDSNET office, see page 27 for contact information) and the Health Insurance Portability and Accountability Act (HIPPA) laws that may or may not apply. (Appendix “B” example 10.)

3) Develop Program Operations Protocols and Materials to include the following:

- Client Screening and Intake Form (Appendix “B” examples 13-14);
- Confidentiality Statement (Appendix “B” example 15 and 16);
- Comprehensive Behavioral Risk Assessment Tool (Appendix “B” # 17);

- Voluntary, Informed Consent for Individual Level HIV Counseling (Appendix “B” example #20);
- Individualized Client Centered Prevention Plan (Appendix “B” #’s 22-24);
- Client Session Log (Appendix “B” example 26);
- Client Satisfaction/Feedback Form (Appendix “B” example #27; and,
- Outcome Monitoring Tool (Pending development by DOH).

The following chart allows agencies to assess and evaluate whether or not they have the capacity to meet these first three requirements.

Tasks and Documents Necessary to Provide Individual Level HIV Counseling	Agency Has Capacity	Agency Lacks Capacity	Agency Can Develop Capacity
1. Complete a Client Population Needs Assessment			
2. Develop Individual Level HIV Counseling Guidance Policies and Procedures Manual to include the following:			
a. Staff Qualifications and Competency Requirements			
b. Quality Assurance Protocols			
c. Process Evaluation Protocols (Pending development by DOH)			
d. Outcome Monitoring Protocols (Pending development by DOH)			
e. Client Eligibility Criteria			
f. Record Keeping, Confidentiality and Data Security Policies and Procedures			
3. Develop Program Operations Protocols and Materials to include the following:			
a. Client Screening and Intake Form			
b. Confidentiality			
c. Comprehensive Behavioral Risk Assessment Tool			

(Chart continued on next page)

Tasks and Documents Necessary to Provide Individual Level HIV Counseling (Continued)	Agency Has Capacity	Agency Lacks Capacity	Agency Can Develop Capacity
3. Develop Program Operations Protocols and Materials to include the following: (Continued)			
d. Voluntary, Informed Consent for Individual Level HIV Counseling Services			
e. Individualized Client Centered Prevention Plan			
f. Client Session Log			
g. Client Satisfaction/Feedback Form			
h. Outcome Monitoring Tool (Pending development by DOH)			

Assessment Of Organizational And Community Capacity

Factors to assess for organizational and community capacity:

- Physical Setting and Service Site
- Staffing Capacity and Skills
- Referral Tracking
- Level of Knowledge of Client Population Needs
- Level of Community Resources

An assessment and knowledge of community resources for HIV prevention, substance abuse and treatment, mental health and STD programs is essential. It is equally important for Individual Level HIV Counseling Programs to assess both the physical setting and service site. The highest degree of success is found when the physical setting offers well-integrated and related services such as STD and drug treatment, mental health services, medical services, etc. The actual service site itself must assure that issues of confidentiality, privacy, safety and security are competently addressed.

The chart on the following page will allow agencies to assess for organizational capacity to provide Individual Level HIV Counseling:

Assessment Of Organizational And Community Capacity			
	Has Capacity	Lacks Capacity	Can Develop Capacity
1. Physical Setting and Service Site: Setting with integrated and related services, and site that addresses confidentiality, privacy, safety and security.			
2. Staffing Capacity and Skills: Health Education and Counseling Competencies, pages 28-29.			
3. Referral Tracking Capability: Document referrals, whether client accessed service, reasons referrals were not accessed and client satisfaction.			
4. Level of Knowledge of Client Population Needs			
5. Level of Community Resources			
a. Substance Abuse Treatment			
b. Mental Health			
c. STD Program			
d. Other Case Management			
e. Medical Services			
f. Other HIV Prevention Services			

Assessment Of Client Population Needs

An assessment of the potential client population's HIV prevention needs must precede the provision of Individual Level HIV Counseling services. This needs assessment should be designed to determine which, among all potential options, is the most appropriate and acceptable intervention to address the prevention needs and achieve the behavior-change goals of the priority population. The needs assessment should elicit information about willingness and readiness to engage in various types of behavior-change interventions, resources needed to support these interventions, and client views of how success would be determined. Individual Level HIV Counseling should be viewed as one potential intervention in the prevention needs assessment process.

Organizations planning to provide Individual Level HIV Counseling services should ensure that the intervention is consistent with the Comprehensive HIV Community Prevention Plan

for their Regional AIDS Services Network (AIDSNET). Federal and state funding for prevention counseling services may be available only if this plan specifically prioritizes Individual Level Interventions. Agencies should check with their AIDSNET office for a copy of the plan and further information about HIV prevention planning.

The contacts for the regional and state offices are:

REGION 1: Adams, Asotin, Columbia, Ferry, Garfield, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Walla Walla, and Whitman counties. Region 1 AIDSNET **Coordinator: Barry Hilt**, (509) 324-1551.

REGION 2: Benton, Chelan, Douglas, Franklin, Grant, Kittitas, Klickitat, and Yakima counties. Region 2 AIDSNET **Coordinator: Wendy Doescher**, (509) 249-6503.

REGION 3: Island, San Juan, Skagit, Snohomish and Whatcom counties. Region 3 AIDSNET **Coordinator: Alex Whitehouse**, (425) 339-5211.

REGION 4: King County. Region 4 AIDSNET **Coordinator: Karen Hartfield**, (206) 209-4649.

REGION 5: Kitsap and Pierce counties. Region 5 AIDSNET **Coordinator: Mary Saffold**, (253) 798-4791.

REGION 6: Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Lewis, Mason, Pacific, Skamania, Thurston and Wahkiakum counties. Region 6 AIDSNET **Coordinator: David Heal**, (360) 397-8086.

Washington State Department of Health: HIV Prevention and Education Services, **HIV Prevention Planner: Brown McDonald**, (360) 236-3421.

Client Eligibility

Individual Level HIV Counseling is primarily intended for people:

- whose behavior is not influenced by less intensive HIV prevention interventions, such as group level interventions, other individual level interventions, or HIV testing and counseling; and,
- who are willing, able, and committed to completing the required number of sessions sufficient to address goals in their individualized client-centered prevention plan.

Client Eligibility Criteria must be documented in Individual Level HIV Counseling program policies and procedures.

The following documents should be utilized to determine client eligibility:

- 1) A Client Screening and Intake Tool for conducting a preliminary assessment of client need and eligibility for prevention services, and for guiding appropriate referrals to other prevention and care services programs, e.g. care case management, ILI, GLI, PCRS and STD screening.
- 2) A Comprehensive Behavioral Risk Assessment Tool to conduct a thorough analysis of client needs, risk factors, psycho-social characteristics, and for preparation of an Individualized Client-Centered Prevention Plan.

Clients determined to be ineligible for Individual Level HIV Counseling services *must* be provided HIV risk reduction counseling, as well as referral to other prevention and care services. Every effort should be made to connect these clients at the time of initial screening and intake to other potential HIV prevention programs and services that would be appropriate and acceptable to the client. All HIV-infected clients should be connected to Partner Counseling and Referral Services (PCRS) and care case management (CCM).

Staff Qualifications, Training And Development Needed To Provide Individual Level HIV Counseling

HIV Prevention Counselors must demonstrate competency areas listed in the following chart. If staff is not currently competent in these areas, a timeline delineating acquisition of these skills should be established immediately. The following chart allows agencies to examine skill areas and identify those that need attention. It also helps agencies determine whether or not an employee is equipped to provide Individual Level HIV Counseling, or would be better utilized in a different capacity or delivering a different intervention.

Health Education and Counseling Competencies For Providing Individual Level HIV Counseling	Employee Has Competency	Employee Lacks Competency	Employee Can Develop Competency
1. Counseling			
2. Effective Communication			
3. Assessment Techniques			
4. HIV Behavior Change Principles and Strategies			
5. HIV, AIDS, and Other STDs			

6. Ability to Maintain Written Documentation			
7. Motivational Interviewing			
8. Crisis Intervention			
9. Human Sexuality			
10. Substance Abuse			
11. Cultural and Linguistic Competencies			

Individual Level HIV Counseling supervisors and/or program managers require academic training and experience sufficient to adequately develop the Individual Level HIV Counseling program and to supervise staff. They must understand program goals, objectives, protocols and quality assurance and evaluation measures.

Partner Counseling And Referral Services

It is important for agencies providing prevention services to HIV-infected individuals to recognize the importance of notifying the sex and/or needle-sharing partners of HIV-infected clients that they have been exposed to HIV. This is a very high priority of CDC's Advancing HIV Prevention Initiative. Clients are often overwhelmed with their own emotional and health concerns and unable to notify their partners without assistance. Offering and arranging for partner notification assistance acknowledges the clients' care needs, as well as the critical health risk information needs of partners.

Individual Level HIV Counseling staff should coordinate with disease investigation specialists to offer confidential partner notification assistance to clients.

Individual Level HIV Counseling program staff must develop a protocol for assisting HIV-infected clients with partner notification. Actively referring clients for partner notification services to professional disease investigators should be the primary goal of the protocol.

Staff can also elicit partner identifying information, description, and locating information and confidentially refer this information to local public health disease investigator/field notification staff. This can be done without disclosing anything about the HIV-infected client. If Individual Level HIV Counseling staff will be eliciting partners, this should be included in the protocol, and staff should be trained on the type of information needed to locate and notify partners confidentially.

Liability, Risk Management And Ethical Considerations In Regard To Disclosure And Duty To Warn Issues

Established professional standards of conduct affect all individuals and agencies providing Individual Level HIV Counseling. Registered, certified or licensed professionals (such as Social Workers, Mental Health Counselors, Chemical Dependency Counselors, etc.) are required to adhere to professional standards of conduct that address mandated disclosure.

Individual Level HIV Counseling providers should develop agency protocol and documents that address mandated disclosure of confidential information. These documents ensure that each and every client understands confidentiality exceptions. The client is provided this information in a written document that requires a client signature. This clarifies for the client the consequences of disclosing certain issues.

Agencies providing Individual Level HIV Counseling services must identify and evaluate any existing policies that they have in place that address mandated disclosure. If in evaluating agency policies the agency determines that these policies are inadequate in ensuring that clients are fully informed regarding mandatory disclosure, the agency will need to establish new policies to address these issues with the assistance of legal counsel.

The agency will select the method by which it assures that clients are fully informed, in writing, of mandated disclosure issues. A logical place for this information is in the consent for services form that clients sign prior to beginning Individual Level HIV Counseling services.

Technical Assistance From Washington State

Washington State Department of Health, HIV Prevention and Education Services staff are available to provide technical assistance on this guidance, on Individual Level HIV Counseling program development, needs assessment, and other interventions for individuals at high risk for HIV infection as well as individuals living with HIV infection. For further information contact Frank Hayes at (360) 236-3486 or Frank.Hayes@doh.wa.gov.

Prevention Case Management
And
Individual Level
HIV Counseling
Washington State Guidances

APPENDIX

A

GUIDANCE
TERMS AND DEFINITIONS

Appendix “A”

Guidance Terms and Definitions

At risk population - An identified population or group with specific demographic or geographic characteristics and with documented HIV seroprevalence that is documented as engaging in behaviors that put themselves or others at risk of transmitting or acquiring HIV and other sexually transmitted diseases.

Behavioral Change - Alteration or transformation of behavior. In PCM, changes in behavior that are consistent with social and behavioral theory and research relevant to HIV risk- reduction and the maintenance of good health.

Client-centered Counseling - Client-centered counseling refers to counseling conducted in an interactive manner responsive to individual client needs. The focus is on developing prevention objectives and strategies with the client rather than simply providing information. An understanding of the unique circumstances of the client is required- behaviors, sexual identity, race/ethnicity, culture, knowledge, and social and economic status.

Client-centered Prevention Plan - An individual written prevention plan developed with client participation, defining HIV risk-reduction behavioral objectives and strategies for change. The plan addresses issues of adherence for those persons living with HIV and receiving therapies, and ensures periodic STD evaluation regardless of symptoms as well as makes referrals to drug and/or alcohol treatment for clients with substance abuse problems.

Client Eligibility for PCM - Eligibility is primarily intended for clients with multiple, complex problems who are having or likely to have difficulty initiating or sustaining practices that reduce or prevent HIV acquisition, transmission or re-infection; whose behavior is not influenced by less intensive HIV prevention interventions, such as GLIs, HIV prevention counseling, other ILIs, or HIV testing and counseling; and, who are willing, able, and committed to completing the required number of sessions sufficient to address goals in their individualized client-centered prevention plan. PCM program policies and procedures document client eligibility criteria, and include appropriate screening and assessment tools.

Competency - Having requisite ability and capacity to function in a particular way. For PCM staff, this means maintaining both high performance expectations and the professional ethics that govern most human service fields such as social work, counseling, and clinical psychology. Competent staff ensure consistent and comprehensive delivery of counseling interventions at a level of sophistication commensurate with health professionals, using skills in mental health counseling, substance abuse treatment, behavior modification and relapse prevention strategies. Competency for clients means incorporating a specifically defined risk-reduction behavioral objective/ change strategy into their life style.

Coordination of PCM with Ryan White Care Act Case Management - An explicit protocol for structuring relationships with Ryan White CARE Act case management providers that details how to transfer and/or share clients. PCM cannot duplicate Ryan

White CARE Act case management for persons living with HIV; however, PCM may be integrated into these services.

Coordination of Services with Active Follow-up - In PCM, formal and informal agreements established with service providers to ensure availability and access to service. Establishing a standardized written referral process may include explicit protocols for relationships and communication between case managers or counselors in different organizations to avoid duplication of services (for example, how to transfer or co-manage PCM clients with Ryan White CARE Act case management).

Confidentiality - Protection of information whose unauthorized disclosure could be detrimental to an individual. Confidentiality policies of health agencies are designed to prevent unauthorized persons from learning information shared in confidence. Confidential information includes any material, whether oral or recorded in any form or medium, which identifies or can readily be associated with the identity of a person and is directly related to their health and care. Organizations ensure strict confidentiality for all persons who are screened, assessed, and/or participate in PCM and information relating to an individual's HIV/AIDS status is protected under medical confidentiality guidelines and legal regulations (RCW 760.24) (WAC 246-100 and WAC 246-101).

Cultural Competence - In the context of PCM, services provided in a style and format respectful of the cultural norms, values, and traditions that are endorsed by community leaders and accepted by the target population.

Discharge Planning - In PCM, the planning and effort organizations make to ensure that clients have received appropriate referrals and are adequately receiving needed services at the time of discharge (graduation). The intent of this element of HIV/PCM is to ensure that clients eventually become self-sufficient, not dependent on continuous HIV/PCM to maintain HIV risk reduction.

Dosage - Measured quantity of a therapeutic agent; in PCM, the amount of effort required to achieve measurable, sustainable behavioral change in a target population.

Duty to Warn - The legal, moral, or ethical responsibility of a health professional to warn an intended victim of specific threats of harm or to warn a person of potential risk for acquiring a disease as the result of a relationship to a patient.

HE/RR - Health Education and Risk Reduction; Health communications, health education, and risk reduction interventions for groups, which provide peer education and support, as well as promote and reinforce safer behaviors and provide interpersonal skills training in negotiating and sustaining appropriate behavior change.

Group Level Intervention (GLI) - Health education risk-reduction counseling that shifts the delivery of service from the individual to groups of varying sizes. GLIs use peer and non-peer models involving a wide range of skills, information, education and support (see also Individual Level Intervention).

HIV Risk-Reduction Counseling - Multiple-session HIV risk-reduction counseling aimed at meeting identified behavioral objectives, including effective identification of HIV risk behaviors and appropriate application of risk-reduction strategies. (For more information on Individual Level HIV Counseling please see pages 22-30.)

Individual Level Intervention (ILI) - Health education and risk-reduction counseling provided to one individual at a time. ILIs assist clients both in making plans for individual behavior change and in ongoing appraisals of their own behavior.

Monitoring and Reassessment - Watching, observing or checking for a specific purpose and re-evaluating; in PCM, when prevention case managers meet on a regular basis with clients to monitor their changing needs and their progress in meeting HIV behavioral risk-reduction objectives.

Multiple-complex needs - Numerous complicated physiological or psychological requirements for the well being of an organism. In PCM, The client's medical and psychosocial needs and the overall context in which HIV risk behavior occurs, including: health, adherence to HIV-related treatment, STD history, substance and alcohol use, mental health, sexual history, social and environmental support, skills to reduce HIV risk, intentions and motivations, barriers to safer behaviors, protective factors, strengths, competencies and demographic information.

Ongoing - Continuous; in the context of PCM, ongoing means extended duration with periodic contact as in multiple sessions.

Outcome Evaluation - Outcome evaluation involves the assessment of the immediate or direct effects of a program on the program participants, e.g., the degree to which the program increased knowledge of HIV/AIDS, perceived risk of infection, and/or decreased intent of engaging in risk behaviors related to HIV transmission. Outcome evaluation also assesses the extent to which a program attains its objectives related to intended short- and long-term change for a target population.

Patient Referral - In the context of notifying sex and needle-sharing partners, when the client notifies and refers his or her own partners for testing.

Partner Counseling and Referral Services (PCRS) - Partner counseling and referral is a confidential, voluntary service provided to HIV-infected individuals and their sex and needle-sharing partners that seeks to reduce the impact and spread of HIV infection by assuring that HIV-infected persons receive adequate counseling on HIV, including how to reduce their risk of transmission to others; provides assistance with a variety of strategies to assure exposed partners, including spouses, are notified of exposure to HIV and receive appropriate counseling; assure early identification of HIV infection; and, assure infected partners access to appropriate care to improve individual prognosis and reduce infectiousness.

Prevention Case Management - PCM is a client-centered HIV prevention activity with the fundamental goal of promoting the adoption of HIV risk-reduction behaviors by clients with multiple, complex problems and risk-reduction needs. PCM is a hybrid of Individual Level HIV Counseling and traditional HIV care case management that provides intensive, on-going, and individualized prevention counseling, support, and service brokerage.

Primary Prevention - As related to HIV prevention, the aim of primary prevention is to reduce the transmission and acquisition of HIV infection through a variety of strategies,

activities, interventions, and services.

Process Evaluation - Process evaluation provides a descriptive assessment of a program's actual operation and the level of effort taken to reach desired results, i.e., documenting activities (e.g. number of sessions) as well as demographic information on the clients served.

Professional Ethics – A theory or system of moral values that govern most human service fields such as social work; counseling; clinical psychology; and, PCM.

Provider Referral - In the context of notifying sex and needle-sharing partners, when health professionals, usually from the health department, notify the patient's partners of their exposure.

Quality - The degree to which a health or social service meets or exceeds established professional standards and user expectations.

Quality Assurance (QA) - The process of identifying problems in service delivery, designing activities to overcome these problems, and following up to ensure that no new problems have developed and that corrective actions have been effective. The emphasis is on meeting minimum standards of care.

Recruitment and engagement - Bringing clients into HIV/PCM and engaging them as to the nature of the service and potential benefits to him or her. Recruitment and engagement may include creating referral mechanisms; building relationships and partnering with referring agencies; and, actively requesting referrals for the benefit of the client.

Referral Tracking - The documentation of referrals and whether or not the client accessed them. Additional information may be gathered, e.g.: reasons referrals were not accessed and client's satisfaction with referrals.

Regional Planning Groups (RPGs) - The six Regional AIDS Service Networks (AIDSNETs) have established RPGs to develop regional Comprehensive HIV Prevention Plans in accordance with federal CDC requirements. The regional plans are summarized into one statewide plan submitted by DOH to the CDC.

State Planning Group (SPG) - The Washington State Community HIV Prevention Planning Group (SPG) is a group established in order to comply with the requirements for developing a Comprehensive HIV Prevention Plan for Washington State through a participatory community planning process as established by the federal Centers for Disease Control and Prevention (CDC).

Screening and Assessment - Identification of persons at highest risk for acquiring or transmitting HIV who are appropriate clients for PCM using comprehensive assessment instruments to assess HIV, STD, substance abuse risks, medical and psychosocial needs; and including a voluntary informed consent document assuring client of confidentiality, as well as counseling and referrals.

Secondary Prevention - As related to HIV prevention, the aim of secondary prevention is to prevent a person living with HIV from becoming ill or dying as a result of HIV,

opportunistic infections, or AIDS through a variety of strategies, activities, interventions, and services. Secondary prevention attempts to maintain the health of an individual that has already contracted an illness. Adopting a healthier lifestyle by quitting smoking, losing weight, etc., along with careful medical monitoring of viral loads and CD4 counts are some examples of secondary prevention for HIV positive persons. These interventions preserve the health of the person.

Target Population - An identified population to be reached through some action or intervention; may refer to groups with specific demographic or geographic characteristics.

Taxonomy - System of orderly classification.

Time Limited - In the context of PCM, the specified time period in which is required a minimum number of contacts to reach specifically defined risk- reduction behavioral objectives.

Informed Consent - Clients have the opportunity to accept or refuse PCM. A client needs clear understanding of the nature and scope of PCM in order to make an informed decision to enroll.

RYAN WHITE CARE ACT PROGRAMS

The Health Resources and Services Administration (HRSA) is one of eight agencies in the U.S. Department of Health and Human Services. Within HRSA four bureaus provide funding for the delivery of HIV/AIDS care, services (including case management), and training - the Bureau of Health Resources Development (BHRD), Bureau of Primary Health Care (BPHC), Bureau of Maternal and Child Health (MCHB), and Bureau of Health Professions (BHP).

Each of the four HRSA bureaus conducts programs to benefit low-income, uninsured, and underinsured individuals and families affected by HIV/AIDS through the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. HRSA's AIDS Program Office (1) provides direction; (2) coordinates HIV/AIDS health care-related activities across the bureaus; and (3) works with other federal and state agencies, providers, and constituent groups to identify emerging issues and needs and to facilitate integrated, client-oriented HIV/AIDS services.

Signed into law on August 18, 1990, the Ryan White CARE Act was named after the Indiana teenager, Ryan White, who became an active public educator on HIV/AIDS after he contracted the disease. He died that same year. The act, which was amended in May 1996, provides assistance to improve the quality and availability of care for people with HIV/AIDS and their families.

HRSA administers HIV/AIDS programs under four titles and Part F of the act, which are described as follows:

Title I - HIV Emergency Relief Grant Program for Eligible Metropolitan Areas - Title I is administered by BHRD's Division of HIV Services. This program provides formula and supplemental grants to Eligible Metropolitan Areas (EMAs) that are disproportionately

affected by the HIV epidemic. For an area to be eligible, it must have a population of 500,000 or more and have reported more than 2,000 AIDS cases in the preceding 5 years.

Title II - HIV Care Grants to States - Title II is also administered by BHRD's Division of HIV Services and provides formula grants to states, U.S. territories, the District of Columbia, and Puerto Rico to provide health care and support services for people with HIV/AIDS. Grants are awarded based on (1) the estimated number of living AIDS cases in the state or territory; and (2) the estimated number of living AIDS cases within the state or territory but outside of Title I EMAs (that is, outside an area with 500,000+ population and 2,000+ AIDS cases/previous 5 years). Additionally, grantees must provide therapeutics to treat HIV/AIDS under the AIDS Drug Assistance Program (ADAP).

Title III(b) - HIV Early Intervention Services - BPHC's Division of Programs for Special Populations administers Title III(b) of the act through the Early Intervention Services Program. This program supports outpatient HIV early intervention services for low-income, medically underserved people in existing primary care systems. Medical, educational, and psychosocial services are designed to prevent the further spread of HIV/AIDS, delay the onset of illness, facilitate access to services, and provide psychosocial support to people with HIV/AIDS.

Title IV - Coordinated HIV Services and Access to Research for Children, Youth, Women, and Families - Title IV is a special grant program directed by MCHB to coordinate HIV services and access to research for children, youth, women, and families in a comprehensive, community-based, family-centered system of care.

Part F - Special Projects of National Significance Program - BHRD's Office of Science and Epidemiology administers the Special Projects of National Significance (SPNS) Program to support the development of innovative models of HIV/AIDS care. These models are designed to address special care needs of individuals with HIV/AIDS in minority and hard-to-reach populations. Additionally, they are expected to be replicable and have a strong evaluation component. Integrated service delivery models were funded in Fiscal Year 1996 to create formal linkages to integrate health and support services.

Part F - AIDS Education and Training Centers - Fifteen AIDS Education and Training Centers (AETCs) have been established under BHPR. The AETCs are a national network of centers that conduct targeted, multidisciplinary education and training programs for health care providers in designated geographic areas. The AETCs increase the number of health care providers who are educated and motivated to counsel, diagnose, treat, and manage care for individuals with HIV/AIDS and to help prevent high risk behaviors that may lead to further HIV transmission.

Part F - AIDS Dental Reimbursement Program - BHPR also administers the AIDS Dental Reimbursement Program. This grant program assists accredited dental schools and post-doctoral dental programs with uncompensated costs incurred in providing oral health treatment to HIV-positive patients.

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DOCUMENT
EXAMPLES

The materials included in Appendix B are examples of documents used by existing prevention providers. These are provided for illustrative purposes only. Inclusion does not imply endorsement by the Department of Health's HIV Prevention and Education Services section.

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DOCUMENT EXAMPLE #1

Written Referral Agreements

QUALIFIED SERVICE ORGANIZATION AGREEMENT

Whereas _____, referred to hereafter as "_____", and the _____ Health District hereafter called _____ accept client referral for services from and provide professional consultation with each other and whereas each requires the following information:

Referral and Consultation Information for Community Health Services

in order to provide their services and consultation; and whereas the disclosure of this information is governed by the Federal Regulations on the Confidentiality of Alcohol and Drug Abuse Patient Records 42 CFR Part 2. by WAC 246-100-016 (2) regarding the exchange of medical information among health care providers related to HIV/AIDS or STD diagnosis and treatment, and by RCW 71.05.390 Mental Illness confidential information and records disclosure. Therefore, _____ and _____ enter into a qualified service organization agreement whereby _____ and _____

1. Acknowledge that in receiving, storing, or otherwise dealing with any information from each other that they are fully bound by the requirements of 42 CFR Part 2, WAC 246-100-016 (2), RCW 71.05.390 and any relevant state laws.
2. Agree that they will institute appropriate procedures for safeguarding such information, particularly patient identifying information; and
3. Agree that they will resist in judicial proceedings any efforts to obtain access to any information pertaining to patients otherwise than as expressly provided for in 42 CFR Part 2, WAC 246-100-016 (2), RCW 71.05.390 and any relevant state laws.
4. _____ AND THE _____ HEALTH DISTRICT
RECOGNIZE THAT ANY UNAUTHORIZED DISCLOSURE OF PATIENT
INFORMATION IS A FEDERAL CRIMINAL OFFENSE PUNISHABLE BY A
FINE OF NOT MORE THAN \$500.00 IN THE CASE OF A FIRST OFFENSE AND
NOT MORE THAN \$5,000.00 IN THE CASE OF EACH SUBSEQUENT
OFFENSE.

Signature of Representative of _____

Date

Signature of Representative

Health District

Date

11/97

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DOCUMENT EXAMPLE # 2

Written Referral Agreements

DRAFT MEMORANDUM OF UNDERSTANDING

This letter represents an agreement between Agency A, Agency B, and Colorado Department of Public Health and Environment in regard to HIV prevention services for persons at risk due to injection drug use.

Agency A agrees to provide the following:

- 1) By December 31, 2003 materials supplied by Agency B shall be distributed to at least 500 individuals by staff or volunteers of Agency A as part of outreach and other prevention efforts.
- 2) By December 31, 2003 at least 150 individuals shall be screened for the need and applicability of Prevention Case Management services. When deemed appropriate, referrals shall be made to Agency B for this service, in the manner described below.

Agency B agrees to provide the following:

- 1) For any and all clients referred to Agency B for prevention case management, Agency A agrees to provide this service in accordance with Colorado Department of Public Health and Environment Definitions and Standards. The delivery of this service is contingent upon client acceptance and Agency A intake, assessment, and case closure protocols.

Agency A and Agency B mutually agree to the following:

- 1) Both Agency A and Agency B agree to abide by all applicable state laws and regulations in regard to the retention, storage, transmittal, and other uses of confidential HIV-related information. Evidence of alleged breach will be reported immediately to Colorado Department of Public Health and Environment and will result in a suspension of activities under this Memorandum of Understanding pending the results of an investigation by Colorado Department of Public Health and Environment.
- 2) To ensure client confidentiality while minimizing barriers, referrals between Agency A and Agency B shall take place as follows:
 - a) Clients must sign an approved release form, a copy of which is attached.
 - b) The agency originating the approved release form shall forward that form to a designated contact person at the other agency.
 - c) The agency receiving the referral shall confirm the follow up, or lack of follow up, by the client in regard to the referral, in writing, to the referring agency within 30 days of the receipt of the release form.
- 3) To promote accountability and reinforce mutual working arrangements. Agency A and Agency B agree to the following:
 - a) Representatives of Agency A and Agency B shall meet at least monthly to discuss progress on activities described in this Memorandum of Understanding and other items of mutual importance to the success of these efforts.
 - b) Agency A shall report, in aggregate, to Agency B the number of individuals screened for prevention case management on quarterly basis.
 - c) Agency A shall report, in aggregate, to Agency B the amount of materials distributed and geographic locations of these distribution locations.
 - d) Agency B shall report, by use of a mutually-agreed upon unique case identifier, the monthly status of each active prevention case management client who originated as a referral from Agency A. Status shall include: active or inactive case status and the extent to which progress is being made on behavior change objectives. Agency B case managers also agree to meet, when deemed mutually necessary, to discuss details on particular clients in order that both agencies may more effectively meet client needs.

- 4) In the event that Agency A or Agency B have reason to believe that one or more of the expectations or activities included in this Memorandum of Understanding are not taking place as contemplated, the following steps shall occur;
- a) An official representative of the Agency shall deliver, by certified mail, a description of the problematic situation and proposed solutions, if any. This written description shall be delivered to an official representative of the other agency as well as the supervisor of the contract monitoring unit at Colorado Department of Public Health and Environment.
 - b) Within 10 business days, a meeting shall be arranged of representatives from Agency A, Agency B, and Colorado Department of Public Health and Environment.
 - c) If a mutually agreeable solution cannot be developed in regard to this situation within 30 days, one of the following outcomes will occur:
 - i) This Memorandum of Understanding shall be considered null and void.
 - ii) An amendment shall be made to this Memorandum of Understanding.
 - iii) A new Memorandum of Understanding shall be developed among Agency A, Agency B, and Colorado Department of Public Health and Environment.

Agency A, Agency B, and Colorado Department of Public Health and Environment agree that the duration of this Memorandum of Understanding shall be _____, and that it may be renewed for a period not to exceed three calendar years.

Agency A Rep

Agency B Rep

CDPHE Rep

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DOCUMENT EXAMPLES # 3

Quality Assurance Protocols

1. OVERARCHING QUALITY ASSURANCE STANDARDS

1.0 Definition

Quality assurance is a systematic assessment of the extent to which services have been delivered pursuant to a program plan approved by HAPIS/DHAS, and in accordance with relevant programmatic guidelines and standards.

1.1 Goal

To ensure provision of high-quality prevention services which are responsive to client- and community-identified needs and priorities.

1.2 Standards

This section addresses overarching quality assurance standards. These standards apply to all prevention programs regardless of intervention type. Quality assurance standards unique to specific intervention types are described in the subsequent sections of this document.

Agency Capacity. Agencies under contract with MDCH for provision of HIV prevention services are expected to maintain the organizational, administrative, fiscal and programmatic capacity necessary to deliver high quality prevention services.

- *Governance:* Agencies under contract with MDCH for provision of HIV prevention services must establish and maintain an appropriate mechanism for organizational governance. Written by-laws must be developed, implemented and adhered to.
- *Board of Directors.* Agencies under contract with MDCH for provision of HIV prevention services must establish and maintain a Board of Directors. Board members must possess the expertise and experience necessary and appropriate to provide general oversight, develop organizational policy, and work in partnership with the Executive Director to ensure achievement of the agency's mission.
- *Financial Operations.* Agencies under contract with MDCH for provision of HIV prevention services must establish and maintain appropriate mechanisms for fiscal management of the agency which are consistent with standard accounting principles. Written policies and procedures must be developed, implemented and adhered to.
- *Personnel.* Agencies under contract with MDCH for provision of HTV prevention services must ensure that all staff possess the knowledge, skills, abilities and credentials essential to assigned responsibilities. Staff must be hired, evaluated and discharged through fair and objective processes, which are appropriately documented.

Confidentiality and Privacy. Personal identifying information about a client, including information about HIV serostatus, is not to be divulged to others in ways which are inconsistent with a client's written consent (MCL 333.5131). Outreach-based prevention efforts may require special considerations to ensure that a client's privacy and confidentiality are assured. Staff and volunteers must sign a Confidentiality Statement.

Adherence to Federal, State, Local Regulations and Statutes. Providers of HIV prevention services must adhere to federal, state, and local regulations and statutes. Michigan regulations and statutes are summarized in the document entitled Michigan HIV Laws: How They Affect Physicians and Other Health Care Providers, September 2002 (www.michigan.gov/mdch)

Cultural Competence. A client's culture, language, gender, sexual orientation, age, and/or developmental level influence how a client seeks, accepts, and accesses HIV services. Providers should address these factors in program development and implementation.

Services Accessibility and Acceptability. Services must be provided through methods and in venues which facilitate access to and acceptability of services.

- HIV prevention services must be geographically accessible to the target population.
- HIV prevention services must be offered during hours appropriate to the target population.
- HIV prevention services must be offered in settings which are acceptable and appropriate to the target population.
- HIV prevention services must be provided by staff who are culturally and linguistically competent.

Coordination and Collaboration. Strong networks of providers are essential to ensuring that the range of client needs can be appropriately and efficiently addressed. Mechanisms for ensuring effective coordination and collaboration must be developed (e.g., agency cross-trainings; joint regular staff meetings. Collaborative relationships must be formally documented in memoranda of agreement (MOA).

Educational Materials. Pursuant to federal funding requirements:

- Educational materials must be culturally, linguistically, and developmentally appropriate to the client population.
- Educational materials must be current and scientifically accurate.
- Educational materials (e.g., brochures, posters, videos) used for HIV prevention activities must be reviewed and approved by the MDCH Program Review Panel prior to their use.

Risk Reduction Tools and Materials. For clients at increased risk for HIV due to their own and/or their partners' sexual behavior, condoms must be made available to the client, without the client having to request them. Other risk reduction tools appropriate to a client's risk (e.g., bleach kits) should be made available as allowed under local, state and/or federal policy and/or statute.

Staff Training and Development. Staff responsible for providing direct prevention services must receive appropriate training and education to ensure that they have the knowledge, skills, and abilities necessary to deliver high quality prevention services. Specifically:

- Staff must successfully complete all training, certifications, and updates relevant and/or required to perform roles and responsibilities associated with their position. Training and certification requirements are described in the relevant sections of this document.

- Staff must be provided with copies of relevant programmatic guidelines and standards and receive training appropriate to implementation of the intervention(s).
- Staff must be provided with, and oriented to, program plans, including objectives, work plans, and time lines. Opportunities to periodically review and discuss progress toward meeting objectives should be provided.
- Staff must be provided with, and oriented to, all forms (e.g., consent forms), data collection tools, agency-specific procedural documents (e.g., record keeping, referral protocol), and data management systems (e.g., HIV Event System) and trained regarding their use.
- Staff must be provided with regular educational and skills-enhancement opportunities, appropriate to performing roles and responsibilities associated with their position.
- Staff must be knowledgeable about confidentiality laws and agency-specific confidentiality policies and procedures.

Staff Performance and Proficiency Assessment. Regular assessment of staff performance and proficiency in adhering to programmatic guidelines is essential to ensuring high quality prevention services.

- Written job descriptions are to be developed for all positions; these should include minimum experience and/or educational requirements. Job descriptions should be reviewed with staff periodically.
- Specific criteria and a process for assessment of staff performance and proficiency are to be developed and maintained. Staff should be oriented to these.

Supervision. Supervisors must have the knowledge, skills, and ability to administer an intervention and/or program.

- Supervisors must have basic knowledge of the medical/scientific facts of HIV transmission, prevention, natural history and epidemiology.
- Supervisors must have knowledge and understanding of relevant programmatic guidelines and standards as well as applicable laws.
- Supervisors must have familiarity with applicable reporting forms and protocols.
- On-site supervision must be provided.
- An agency Code of Ethics must be developed and maintained. All staff are to be provided with an orientation to the Code of Ethics.

Client Satisfaction. To ensure that services are responsive to community- and client-identified needs and priorities, regular assessments of client satisfaction are essential. A mechanism for assessing client satisfaction with services, including accessibility and acceptability of services, must be developed, implemented and maintained. This must include formal grievance procedures.

Provider Safety. Agencies must develop protocols and strategies to ensure the safety of staff and volunteers providing HIV prevention services.

Evaluation. Evaluation of prevention services is an essential and on-going activity.

Evaluation assists an agency in assessing the extent to which program objectives are being

met and the extent to which services are reaching the intended target. Evaluation also serves to identify areas for program refinement and improvement.

All agencies under contract with MDCH for provision of HIV prevention services must:

- Submit statistical data using the HIV Event System. Specific technical and reporting requirements are described in technical manuals developed and disseminated by HAPIS/DHAS.
- Submit required programmatic data in a timely manner and according to the format established by HAPIS/DHAS. Reporting formats and time lines are described in the agreement between agencies and MDCH and associated technical guidance documents.

In addition,

- The agency must develop, implement, and maintain a procedure for collection and management of the required data.
- The agency must develop, implement and maintain a procedure for review of data to ensure accuracy.
- The agency must develop, implement and maintain procedures for using evaluation data to refine or redirect programming.

Record-Keeping. The agency must maintain accurate and complete records. Accurate and complete records will ensure that client needs are addressed and will also assist in program evaluation.

- All personal identifying information obtained in connection with delivery of services must not be disclosed unless required by law or unless the client provides specific, written consent allowing disclosure.
- Records must be appropriate to the relevant programmatic guidelines and standards. Required records are unique to specific intervention types. Details associated with each intervention type are described in the relevant sections of this document.
- The agency must establish, implement and maintain policies and procedures to ensure the security of client records, including identifying information.
- The agency's record-keeping policy and procedures must address retention and storage of records. Applicable federal or state law and programmatic standards should be reflected in this policy.

NOTE: Special consideration may be required for record-keeping associated with outreach-based prevention activities to ensure the confidentiality and security of client records. Protocol for record keeping associated with outreach-based activities should describe such strategies.

1.3 Agency Quality Assurance Protocol

To ensure that clients receive high quality HIV prevention services, all agencies under contract with MDCH are expected to develop written quality assurance protocol and implement quality assurance activities. It is expected that written protocol address each intervention type offered by the agency. The quality assurance protocol must be provided to, and/or be accessible to, staff involved in provision or supervision of direct prevention services. Orientation to the protocol must be provided to staff engaged in direct prevention services. The following are key components of a quality assurance protocol:

Compliance with Program Standards and Guidelines. (e.g., counseling protocol, failure to return protocol, referral protocol). The written quality assurance protocol must describe the methods for delivering prevention services and must be specific to each intervention type. Protocol must be responsive to programmatic guidelines and standards established by MDCH.

Cultural, Linguistic, and Developmental Competence of Services and Materials. The quality assurance protocol must describe the methods for obtaining consumer input into development, implementation and evaluation of services and associated tools (e.g., pamphlets, promotional materials, surveys).

Staff Training and Development. The quality assurance protocol should describe the methods for:

- training and education of staff to ensure that staff have and maintain essential knowledge, skills and abilities.
- recording and monitoring of all staff training and education. Documentation should include employee name, date, type, source, and duration of training. Copies of relevant certificates should be kept.
- training/orienting staff to programmatic guidelines, program plans, and reporting requirements.

Staff Performance and Proficiency Assessment. A mechanism for evaluating staff performance and proficiency must be developed, implemented and maintained, and described in a written protocol. The written protocol must describe:

- The protocol for reviewing and modifying job descriptions. Job descriptions should be included as appendices.
- Specific criteria and process for assessment of staff performance. The methods used to orient staff to these criteria and processes should be described.

Supervision. The quality assurance protocol should describe:

- Supervisory and reporting relationships.
- The processes and methods used to orient staff to the Agency Code of Ethics and Confidentiality Statements. A copy of the Code of Ethics and Sample Confidentiality Statements should be included as an appendix.

Client Satisfaction. The quality assurance protocol must describe the mechanisms for assessing client satisfaction with services and the methods by which the findings from such efforts are to be incorporated into program refinement.

Evaluation and Data Collection. The quality assurance protocol should describe: .

- The process associated with collection and management of data.
- The protocol for reviewing data for errors and inconsistencies.
- The methods used to review data and apply it to program refinement and/or redirection.
- Mechanisms by which staff, directly responsible for providing services, are provided with data analysis and evaluation findings. In addition, their involvement in program refinement must be described.

- Mechanisms by which consumers are provided with data analysis and evaluation findings, as well as their involvement in program refinement, are to be described.

Record-Keeping. The quality assurance protocol should describe the record-keeping policies and procedures, including;

- The process by which the accuracy and completeness of records is assessed.
- The methods used to ensure the confidentiality and security of client records. This policy should reflect applicable federal/state statutes and programmatic standards.
- Procedures for records retention and storage, reflective of state/federal law and/or programmatic standards.
- As applicable, specific record-keeping policies and procedures associated with provision of outreach-based services.

In addition to the standards associated with staff training and development described in Section 1 of this document, staff providing Prevention Case Management Services must:

- Successfully complete the MDCH HIV Counselor Certification Course (5day).
- Successfully complete a HAPIS/DHAS-approved PCM training.
- Participate in MDCH-endorsed updates related to the scientific and public health aspects of HIV, counseling techniques and special topics at least every two years.

NOTE: Staff may **NOT** begin providing prevention case management services prior to successfully completing the MDCH HIV Counselor Certification Course and a HAPIS/DHAS-approved training in prevention case management.

8.4 Agency Quality Assurance Protocol

Each agency must develop a written protocol which addresses quality assurance in their PCM program. In addition to the standard components of quality assurance described in Section 1 of this document the protocol must address:

Recruitment. The protocol must describe methods that will be used to recruit clients for PCM services.

Engagement. The protocol must describe the frequency, number and time frame of contacts associated with client engagement.

Confidentiality and Privacy. The protocol must describe the strategies used to ensure that client confidentiality is maintained.

Referral. The protocol must describe the methods to:

- assist clients to access referrals to needed services
- ensure coordination with relevant service providers
- assess and document referrals

Record Keeping. The protocol must describe record keeping policies and procedures, including documentation of risk reduction plans, referrals and client progress toward meeting prevention goals and objectives.

Coordination with Care Case Management. An explicit protocol for structuring relationship with care case management providers must be developed, implemented and maintained. It must describe how to transfer and/or share clients.

8.5 Evaluation and Data Collection

Standards associated with evaluation and data collection are described in Section 1 of this document. In addition,

- A system to measure client progress toward achievement of HIV prevention related goals and objectives must be developed, implemented and maintained to demonstrate program effectiveness.
- A system must be developed, implemented and maintained to monitor client utilization and satisfaction with referrals,

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DOCUMENT EXAMPLE # 4

Quality Assurance Protocols

8.4 Agency Quality Assurance Protocol

Each agency must develop a written protocol which addresses quality assurance in their PCM program. In addition to the standard components of quality assurance described in Section 1 of this document the protocol must address:

Recruitment. The protocol must describe methods that will be used to recruit clients for PCM services.

Engagement. The protocol must describe the frequency, number and time frame of contacts associated with client engagement.

Confidentiality and Privacy. The protocol must describe the strategies used to ensure that client confidentiality is maintained.

Referral. The protocol must describe the methods to:

- assist clients to access referrals to needed services
- ensure coordination with relevant service providers
- assess and document referrals

Record Keeping. The protocol must describe record keeping policies and procedures, including documentation of risk reduction plans, referrals and client progress toward meeting prevention goals and objectives.

Coordination with Care Case Management. An explicit protocol for structuring relationship with care case management providers must be developed, implemented and maintained. It must describe how to transfer and/or share clients.

8.5 Evaluation and Data Collection

Standards associated with evaluation and data collection are described in Section 1 of this document. In addition,

- A system to measure client progress toward achievement of HIV prevention related goals and objectives must be developed, implemented and maintained to demonstrate program effectiveness.
- A system must be developed, implemented and maintained to monitor client utilization and satisfaction with referrals.

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DOCUMENT EXAMPLE # 5

Quality Assurance Protocols

7.4 Agency Quality Assurance Protocol

Each agency must develop a written protocol which addresses individual-level HIV prevention counseling. In addition to the standard components of quality assurance described in Section I of this document, the protocol must address documenting risk reduction plans and referrals.

7.5 Evaluation and Data Collection

Standards associated with evaluation and data collection are described in Section 1 of this document.

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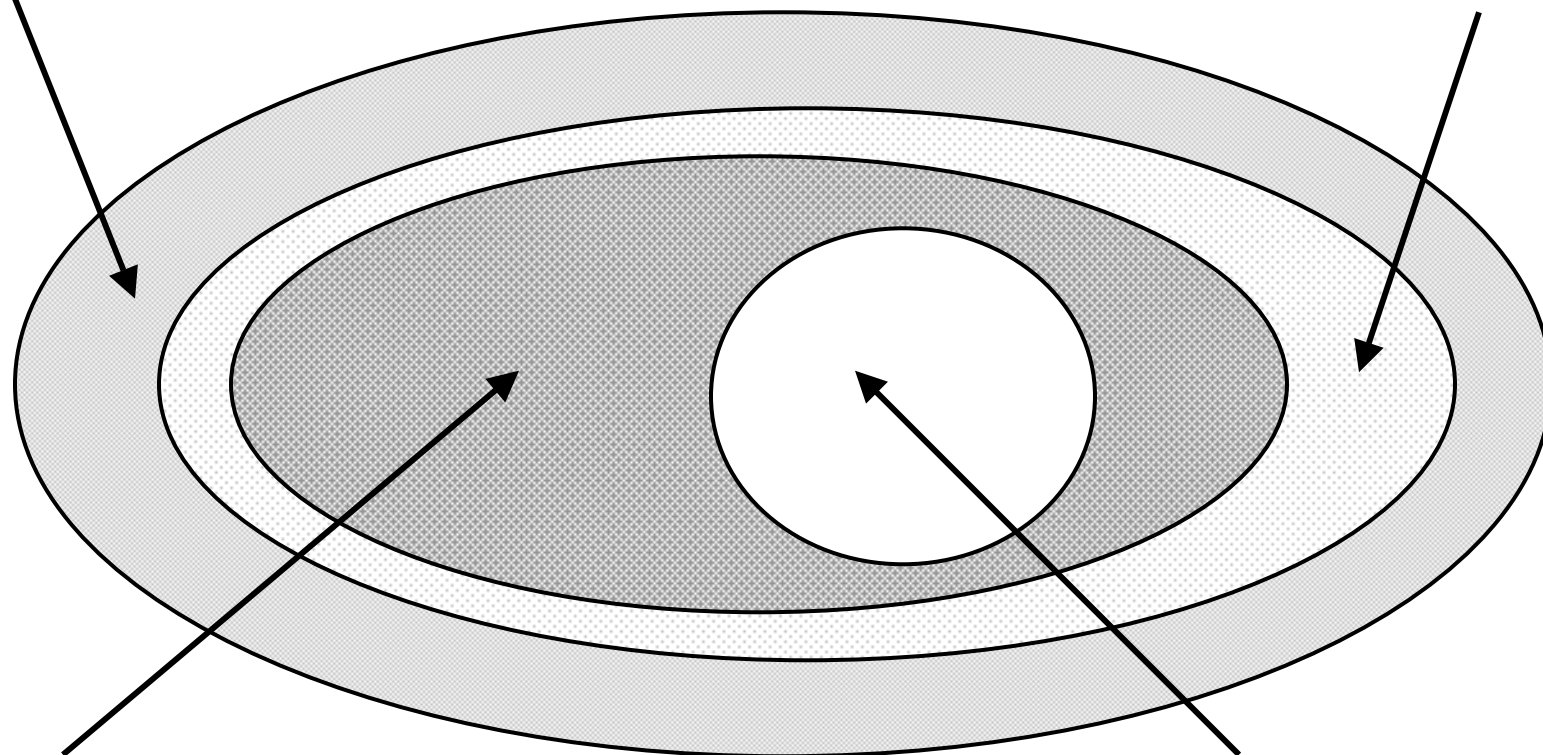
DOCUMENT EXAMPLE # 6

**Diagram of Client
Eligibility Criteria**

PREVENTION FOR HIV INFECTED PERSONS

Total pool of persons who know they have HIV infection, in a given community

Subset of HIV infected persons determined, via assessment, to be in need of behavior-change intervention



Provide behavior-change education/counseling via care case management, or referral to appropriate and available ILI or GLI or other prevention service

Subset whose prevention needs and willingness to participate make them eligible candidates for Prevention Case Management

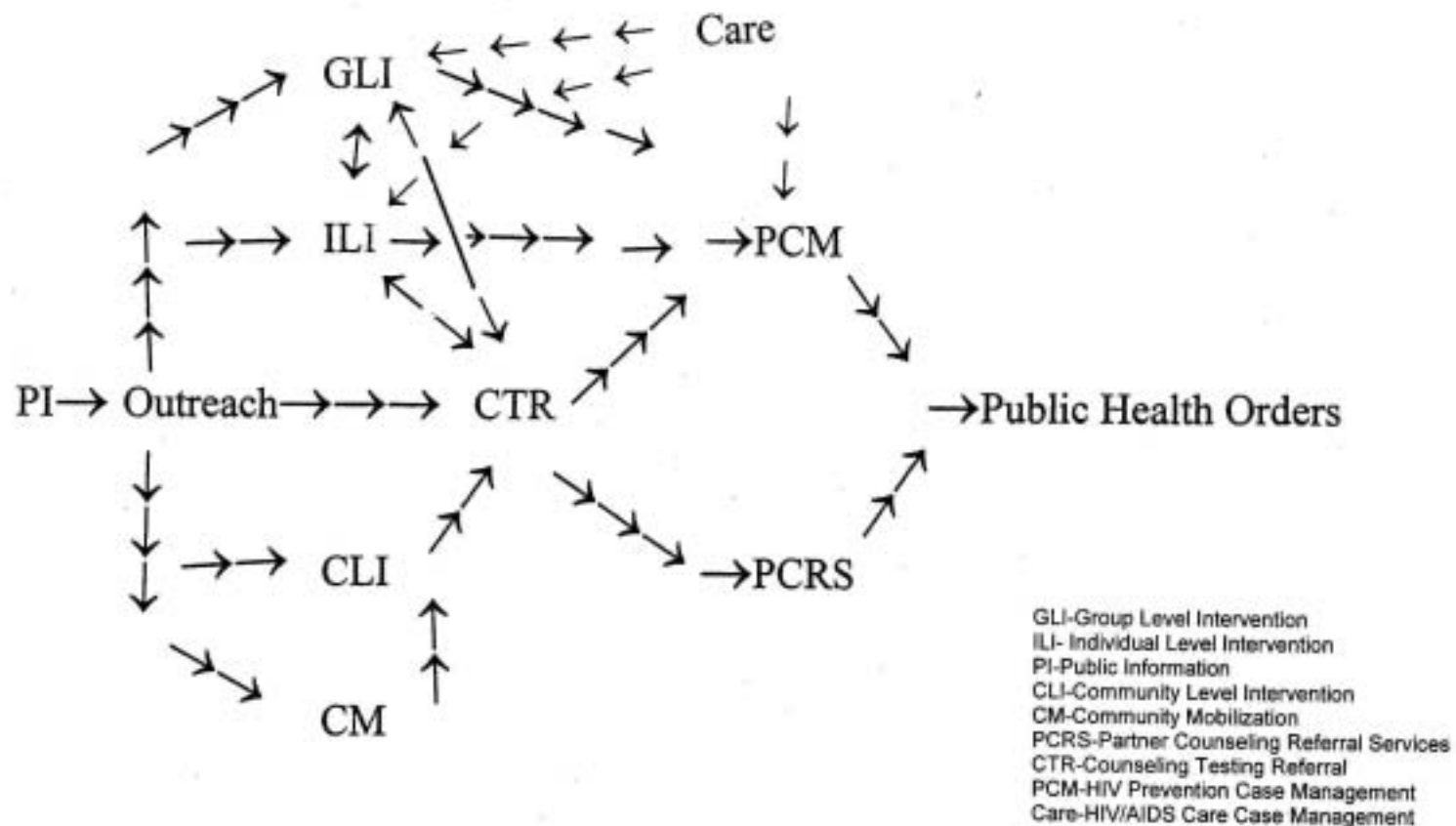
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DOCUMENT EXAMPLE # 7

**Client Recruitment and
Engagement
Protocols**

Agency or Community Spectrum of Services Flow Chart for Developing Recruitment Strategies



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DOCUMENT EXAMPLE # 8

**Client Recruitment and
Engagement
Protocols**

PCM Client Engagement Form

Client Unique Identifier: _____

Staff name: _____

Date(s) of engagement sessions _____

A. Discussion of the mission and goals of HIV prevention case management

Client reaction:

B. Explanation of the roles of the client and the prevention case manager

Client reaction:

C. Discussion of the prevention case manager's expectations

Client reaction:

D. Discussion of the client's expectations

List client expectations below:

E. Discussion of confidentiality

Client reaction:

Did the client receive and understand the Confidentiality Agreement? ☐ Yes ☐ No

Explanation if "No ": _____

F. Discussion of client discharge

Client reaction:

G. Obtain client signatures on required forms

Is a signed Consent to Treatment Form on file? ☐ Yes ☐ No

Are signed Releases of Information Forms on file? ☐ Yes ☐ No

Explanation if "No ": _____

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DOCUMENT EXAMPLE # 9

**Client Discharge
Policies and Procedures**

PREVENTION CASE MANAGEMENT DISCHARGE SUMMARY AND PLAN

ID# _____

Date _____

Discharge Status

- ☐ A. Scheduled sessions _____.
- ☐ B. Completed sessions
 - 1. ____
 - 2. ____
 - 3. ____
 - 4. ____
 - 5. ____
 - _____ Indicate number of sessions completed if more than five.

Plan Status

- ☐ A. Goals achieved to client's satisfaction
Record in the client's words, what was achieved as a result of participation in Prevention Case Management
- ☐ B. In process—no further assistance requested from Prevention Case Manager
Record in the client's words, what ongoing work is being done by the client or others, and why further intervention from Prevention Case Manager is not required.
- ☐ C. Not achieved—no further assistance requested from Prevention Case Manager
- ☐ D. Client terminated contact with program.
Indicate reason, if known _____.
- ☐ E. Other Termination. Reason. _____.
Prevention Case Manager describes circumstances resulting in termination.

Referrals completed during client involvement with program

- ☐ Substance Abuse treatment
- ☐ Mental Health
- ☐ Housing
- ☐ Medical Care/Physician
- ☐ Community Prevention Program
- ☐ PCRS
- ☐ Case Management
- ☐ Other_____
- ☐ Other_____
- ☐ Other_____
- ☐ Other_____

Use this section for tracking and evaluation. Add additional data elements as needed.

This is shown as a separate page to allow for more than one goal to be addressed in the discharge plan

Client Initials/signature_____

Prevention Case Manager signature _____

This is presented as a separate sheet to allow for more than one goal to be addressed in the plan, and for copies of the goal and signature pages to be given to the client at discharge.

Goal _____

In the client's own words, what further work is needed to maintain new behavior related to this goal? Use a separate sheet for each goal.

EXAMPLES: *Keep going to AA. Complete substance abuse inpatient treatment. Attend support group. Keep appointments with physician. Continue coordinated medical and social service support plan with care case manager.*

Plan for dealing with challenges/relapse

What will the client do if He/she experiences problems maintaining new behaviors? Client's own words.

EXAMPLES: *Ask for help from my case manager. Inform my doctor if I'm worried about STDs. Go back to the open group at (prevention program). Reconnect with Prevention Case Management. Reenroll in PCM for additional work.*

Follow up from Prevention Case Manager

What additional help does the client request/authorize from the Prevention Case Manager to carry on the plan? This should be limited, and not require additional face-to-face sessions.

EXAMPLES: *Client will call in after a month to report how it's going. Case Manager will call client to see how it's going. A conference will be scheduled with others who play a role in maintaining the plan at a later date.*

Timeframe

If follow up requires contact with the Prevention Case Manager, indicate when it will occur, and who will initiate. If follow up occurs, document on progress note.

This is shown as a separate page to allow for more than one goal to be addressed in the discharge plan

Client Initials/signature_____

Prevention Case Manager signature _____

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APPENDIX B

DOCUMENT EXAMPLE # 10

**Record Keeping, Confidentiality
and Data Security**

**SAMPLE CONFIDENTIALITY POLICY WHERE RECORDS ARE SHARED
BY TWO AGENCIES.**

**CONFIDENTIALITY POLICIES FOR HIV/AIDS RECORDS
COUNTY HEALTH DEPARTMENT
(Address of LHJ)**

1. Records containing HIV/AIDS confidential information concerning HIV Counseling and Testing, AIDS Case Reports, and HIV/AIDS Case Management (closed cases) are kept at the above address in locked file cabinets. The building is locked except during business hours, from 8:00AM to 4:30 PM, Monday through Friday.
2. One set of keys for the files is kept in a location known by the following people: Health Department Nursing Supervisor, HIV/AIDS Project Coordinator, and HIV/AIDS Education and Outreach Coordinator.
3. Records of currently open Case Management clients and those closed since January, 1996 are kept at _____. They are kept in locked files accessible to Case Managers, Supervisory and Administrative staff.
4. New Case Management clients are seen for an initial screening by either the HIV/AIDS Project Coordinator or the Outreach Coordinator and are asked to sign a release of information for which enables an exchange of information between the Health Department (HD) and _____. Information is shared when necessary by telephone or in person. Care is taken at all times to protect the confidentiality of the clients by omission of identifying information wherever possible.
5. Copies of case information are removed from _____ by Case Managers in the course of carrying out home visits to clients. This information is kept in a locked box in the locked trunk of Case Managers' vehicles. All other information leaving the office is not identifiable as being related to HIV/AIDS Case Management.
6. Records of Counseling and Testing are kept in a locked file at the County Health Department office and are destroyed after three years by electric shredder. Case management records closed prior to January, 1996 are kept at the Health Department office in a locked file and are not destroyed. Those closed after January, 1996 are kept at the _____ office in a locked file and are maintained, stored and destroyed in accordance with the WAC Record Retention Policy for the facility.
7. The ORP or designee is responsible for maintenance of confidentiality policies as they apply to all HIV/AIDS records and information, and for the review and revision of written policies on an annual basis. Timely maintenance and

review of policies regarding active and closed Case Management records is carried out in conjunction with the Director of

8. Confidentiality policies are discussed with County Health Department staff upon hiring, and as needed. It is the ORP and Project Coordinator's responsibility to keep abreast of confidentiality issues and changes in requirements, and to address any conflicts or issues that arise regarding requirements. _____ employees are required to review and sign confidentiality policies at the time of hiring. Periodic education on confidentiality is provided, usually annually.
9. Breach of confidentiality is subject to disciplinary action up to and including termination of employment.

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DOCUMENT EXAMPLE # 11

**Prevention Case Management
Enrollment Checklist**

PCM Preliminary Interview

Client Unique Identifier: _____

Name of interviewer: _____

Date of interview: _____

The purpose of the PCM Preliminary Interview is to begin the process of rapport building while gathering enough information about the client to warrant a screening for PCM eligibility. Sometimes, the PCM Preliminary Interview is conducted by the same staff that will subsequently provide prevention case management. At other times, the PCM Preliminary Interview is conducted by other staff (such as a Disease Intervention Specialist or Ryan White Case Manager) and passed along to the prevention case manager for further action. Since part of the purpose of the PCM Preliminary Interview is rapport building, it should NOT be administered as a survey. The client should experience the interview, as much as possible, as an open-ended discussion with skillful, unobtrusive direction from the trained interviewer. The PCM Preliminary Interview should be short, ideally 15—20 minutes.

During the course of the PCM Preliminary Interview, you should obtain the following information from the client, if at all possible:

1. The client's HIV status
2. If the client is a man who has had sex with other men in the past 12 months
3. If the client has injected him/herself with something other than a prescribed drug in the past 12 months
4. If the client suspects that his/her sexual partners are injection drug users and/or men who have sex with men
5. Other characteristics of the client's sexual partners (prostitution, multiple sex partners, anonymous sex, etc.)
6. The client's attitude toward HIV risk, both his/her personal risk and the risks posed to their partners
7. The client's use of non-injection drugs
8. The client's mental health status
9. The client's living situation (chaotic, low socioeconomic status, etc.)

Listed below are suggested open-ended questions to use during the PCM Preliminary Interview. DO NOT ASK THESE QUESTIONS IN A DISJOINTED, SURVEY FORMAT. Work them into the conversation as naturally as possible.

HIV status

- ☐ Tell me about the times you have been tested for HIV
- ☐ What were your test results?
- ☐ Who knows that you are living with HIV? Who have you disclosed to?

Living circumstances

- ☐ What do you do for a living? Are you currently employed?
- ☐ Tell me about your living situation.
- ☐ What part of it would you change, if you could?
- ☐ What are your future plans for your job and where you live?

Attitudes and knowledge about HIV risk

- ☐ (If infected) How do you think you got infected with HIV?
- ☐ (If not infected, or status unknown) How likely is it that you are currently infected with HIV? Why?
- ☐ (If not infected, or status unknown) How likely is it that you will be infected with HIV someday soon? Why?

Sexual behavior

- ☐ In the past 12 months, have you had sex with men, women, or both?
- ☐ How are your current sexual relationships going? Tell me about any relationship that worries you because of HIV risk.
- ☐ What have you done to lower your risk of HIV? How has that worked for you?
- ☐ Tell me about times when sex led to things you didn't expect, felt bad about, or regretted later.

Drug use (general)

- ☐ How comfortable are you with your current level of drug or alcohol use?
- ☐ Any reasons you may want to cut down on your drug or alcohol use?
- ☐ Do you feel hassled by anyone to cut down on your use?
- ☐ Do you ever feel a need to use drugs or alcohol to get started in the morning?

(Note: A "yes" answer to these questions is indicative of dependence or addiction)

Injection drug use

- ☐ What are your drugs of choice? (For each drug) How do you take this drug—pills, snorting, injecting, smoking, etc.?
- ☐ (If reports injecting) Tell me about the people you inject with. How often do you inject with them, in what kinds of places.
- ☐ What have you done to lower your risks of getting HIV when you shoot?
- ☐ How has that worked for you?

Mental health

- ☐ Have you ever gone for professional mental health counseling? How did that work for you?
- ☐ How would you describe your mood right now? How has your mood been for the last month?
- ☐ How stressed are you? What do you do to manage stress?
- ☐ How often do you feel sad or hopeless? How long does it last?
- ☐ What do you do to help yourself feel better?

This form is the property of _____

The contents of this form constitute a public health record and cannot be released except as allowed by Statute. VI 1.14.03

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DOCUMENT EXAMPLE # 12

**Prevention Case Management
Enrollment Checklist**

PREVENTION CASE MANAGEMENT
NEW CLIENT CHECKLIST

ID# _____

Name _____

Check when complete

- ☐ Face Sheet
- ☐ Informed Consent/Service Agreement
- ☐ HIPPA
- ☐ Assessment Completed
- ☐ Prevention Plan, signed by client and case manager
- ☐ Referral Form
- ☐ Releases of Information
- ☐ Discharge Plan
- ☐ Discharge Plan

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DOCUMENT EXAMPLE # 13

Client Screening and Intake Forms

PCM Screening Form

Client Unique Identifier _____
Name of screener _____
Date of screening _____

For a client to be considered eligible for HIV prevention case management, she/he must meet the eligibility requirements of both Section A and Section B, below. If a client is not eligible for HIV prevention case management services, he or she should be linked to another intervention (individual level health education, group level intervention, etc.)

The client information needed to complete this screening could come from several sources. Some of the information could come from the PCM Preliminary Interview (see form) Some of the information could come from a referral source; for instance, if a client is referred into PCM from a methadone maintenance program, the client has mostly likely had a history of injection drug use. A few of the items (e.g., symptoms of depression, history of exhibitionism, childhood sexual abuse) may require additional interviewing to identify. The purpose of this form is to determine initial client eligibility for HIV prevention case management, not to thoroughly assess the client's situation; once enough criteria have been met, there is no need to continue the screening process. Any other factors and client characteristics will be identified through the PCM Client Assessment which will be conducted after the case has been formally opened and the engagement process has been completed.

A) Sexual and needle sharing history

Place a "✓" in the box for each statement that has been true for the client AT ANY POINT IN HER/HIS LIFE:

	Col A	Col B
Had sex with an injection drug user or a man who has sex with men	<input type="checkbox"/>	
Injected him/herself with something other than a prescribed drug	<input type="checkbox"/>	
Had sex with a person known to be living with HIV/AIDS	<input type="checkbox"/>	
Has been diagnosed as living with HIV (HIV positive)	<input type="checkbox"/>	
Had sex under the influence of alcohol or other drugs		<input type="checkbox"/>
Had unprotected sex (no condom used)		<input type="checkbox"/>
Had multiple sexual partners		<input type="checkbox"/>
Despite HIV risk behavior, does not recognize vulnerability		<input type="checkbox"/>
Is at risk of becoming infected with HIV by sharing needles, syringes, or works used previously by another person		<input type="checkbox"/>
Poses risk of transmitting HIV to others by sharing needles, syringes, or works after using them him/herself		<input type="checkbox"/>

For this client to be eligible for PCM, the following must be true:

1) At least one checkmark in column A

AND

2) At least one checkmark in column B

If the client is eligible based on sexual and needle sharing history, continue to Section B, "Compounding, contributing, and HIV factors," on the next page.

This form is the property of _____

The contents of this form constitute a public health record and cannot be released except as allowed by Statute.HI.14.03

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B) Compounding, contributing, and HIV Factors

For the following four items, place a "√" in the box for each statement that has been true for the client **AT ANY POINT IN HIS/HER LIFE**

	Col A	Col B	Col C	Col D	Col E
Has exhibited symptoms of clinical depression or a major personality disorder	<input type="checkbox"/>				
Has been identified as mentally retarded or developmentally delayed	<input type="checkbox"/>				
Has been diagnosed as living with HIV (HIV positive)		<input type="checkbox"/>			
Has had low educational level or low level of comprehension				<input type="checkbox"/>	
Has experienced childhood abuse, without resolution			<input type="checkbox"/>		
Has been diagnosed with an STD (other than HIV) more than once			<input type="checkbox"/>		

For the following fourteen items, place a "√" in the box for each statement that has been true for the client **IN THE PREVIOUS 12 MONTHS**:

Has been diagnosed with an STD (other than HIV)			<input type="checkbox"/>		
Exhibits signs of sexual compulsion or hypersexuality			<input type="checkbox"/>		
Has exhibited indifference to risk			<input type="checkbox"/>		
Has exchanged sex for something of value (prostitution/sex work)				<input type="checkbox"/>	
Has abused or misused alcohol or marijuana					<input type="checkbox"/>
Has abused or misused other noninjection drugs (other than alcohol or marijuana)				<input type="checkbox"/>	
Has engaged in higher risk sex (e.g., insertive anal intercourse by HIV+ client)					<input type="checkbox"/>
Has engaged in exhibitionism				<input type="checkbox"/>	
Has displayed symptoms of low self esteem				<input type="checkbox"/>	
Has been a victim of domestic violence or abuse					<input type="checkbox"/>
Has been a perpetrator of domestic violence or abuse			<input type="checkbox"/>		
Has been homeless					<input type="checkbox"/>
Has been living in poverty					<input type="checkbox"/>
Has been convicted of the crime of driving under the influence or while intoxicated					<input type="checkbox"/>

For this client to be eligible for PCM, one of the following must be true:

- 1) One or more checkmarks in column A
OR
- 2) One checkmark in column B and at least one checkmark in column C
OR
- 3) One checkmark in column B and at least two checkmarks in column D
OR
- 4) One checkmark in column B and the total number of checkmarks in columns C + D + E is greater than three
OR
- 5) The total number of checkmarks in columns C + D is greater than three
OR
- 6) The total number of checkmarks in columns C + D + E is greater than four

If the client is eligible based both Section A (sexual and needle sharing history) and Section B (compounding, contributing, and HIV factors), complete the PCM Client Engagement Form.

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DOCUMENT EXAMPLE # 14

Client Screening and Intake Forms

H.Client demographics

Obtain the following client demographics, which should be transferred to Evaluation Web. Some of these items may need to be collected over the course of multiple sessions:

1. Year of birth ____	10. Highest completed level in school; <input type="checkbox"/> Less than high school <input type="checkbox"/> High School Graduate / GED <input type="checkbox"/> Some college / Associates degree <input type="checkbox"/> College graduate <input type="checkbox"/> Graduate school <input type="checkbox"/> Other _____ (please specify)
2. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender: <input type="checkbox"/> Male to female ____ Female to male ____	11. Health insurance (include Medicaid or Medicare): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
3. Race:(Check all that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____ (please specify)	12.Mental or physical disability <input type="checkbox"/> Mental <input type="checkbox"/> Physical <input type="checkbox"/> None
4. Ethnicity: <input type="checkbox"/> Hispanic / Latino(a) <input type="checkbox"/> Non-Hispanic	13.Served time in the correctional system: <input type="checkbox"/> Yes Length of time served _____ <input type="checkbox"/> No
5. Primary language(s) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ (please specify)	14. Sexual orientation: <input type="checkbox"/> Heterosexual (straight) <input type="checkbox"/> Homosexual (gay or lesbian) <input type="checkbox"/> Bisexual <input type="checkbox"/> Undecided <input type="checkbox"/> Other _____ (please specify)
6. Location of residence: <input type="checkbox"/> Adams County <input type="checkbox"/> Arapahoe County <input type="checkbox"/> Boulder County <input type="checkbox"/> Denver County <input type="checkbox"/> El Paso County <input type="checkbox"/> Other Northeast Colorado County <input type="checkbox"/> Other Northwest Colorado County <input type="checkbox"/> Other Southeast Colorado County <input type="checkbox"/> Other Southwest Colorado County <input type="checkbox"/> Out of State	15.Current HIV status: <input type="checkbox"/> HIV serostatus unknown <input type="checkbox"/> HIV negative Date last tested. <input type="checkbox"/> HIV positive, no symptoms <input type="checkbox"/> HIV positive, with symptoms <input type="checkbox"/> AIDS diagnosis
7. Total annual household income: <input type="checkbox"/> \$10,000_ <input type="checkbox"/> \$10,000-\$19,999_ <input type="checkbox"/> \$20,000-\$29,999_ <input type="checkbox"/> \$30,000-\$39,999_ <input type="checkbox"/> \$40,000-\$49,999_ <input type="checkbox"/> \$50,000 or more__	10. HIV risk category: (Transfer from screening form) <input type="checkbox"/> Sex with a man who has sex with other men <input type="checkbox"/> Sharing injection needles, works, or drugs <input type="checkbox"/> Sex with a woman who is at high risk or living with HIV <input type="checkbox"/> Sex with a man who is at high risk or is living with HIV
8. Number of people living in household (including client) who are supported by this income	
9. Work situation: <input type="checkbox"/> Working Full-time <input type="checkbox"/> Working Part-time <input type="checkbox"/> Unemployed, looking for work <input type="checkbox"/> Unemployed, not looking for work <input type="checkbox"/> On disability or long term sick leave	17. Referred from

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DOCUMENT EXAMPLE # 15

Confidentiality Agreement

CLARK COUNTY HEALTH DEPARTMENT
PRIVACY NOTICE SUMMARY

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This first page is a summary about laws that help keep your health information private and safe. These laws spell out your rights as a patient and our duties as a health care provider or plan. Clark County will update this notice if there are changes in the laws. The next few pages give more details about these laws,

Our duties:

- To keep your health information private and safe.
- To tell you how we use and share your health information.
- To post this privacy notice and give you a copy of the notice.
- To train our staff to keep health information private and safe.
- To tell you how to make a complaint if you have privacy concerns.
- To tell you when we need to, and do not need to, get your written approval to share your health information.

Your Rights:

- To inspect your health information.
- To get a copy of your health information.
- To correct or add to your health information.
- To get a privacy notice on paper or on a computer.
- To ask us to limit how we use your health information.
- To get a list of who got copies of your health information.
- To withdraw your approval to give out your health information.
- To have your health information sent to you in a private manner.
- To make a complaint if you have any privacy problems without fear of being punished.

I have been given the Privacy Notice:

Client/Legal Representative Signature

Date: _____

Interpreter's Signature

Date: _____

Questions or Complaints?
Contact Information:
Clark County Privacy Officer
PO Box 5000
Vancouver, WA 98666
360-397-6121, ext. 4139
www.clark.wa.gov

Name: _____
Last First MI
DOB: _____ Sex: ☐ F ☐ M
MM/DD/YYYY
HRN: _____

Effective Date: April 2003

HR-44 Rev. 04/2003

FILE: Under Registration Paperwork

Distribution: Original: Client Record; Yellow: To Client

UNDER FEDERAL LAW, WE MAY ALSO USE & SHARE YOUR HEALTH INFORMATION WITHOUT YOUR APPROVAL FOR THE FOLLOWING REASONS

- **To Medical Researchers:** Your approval is not required when a study does not let other people know who was included in the study. The research must be set up to protect your privacy.
- **To Funeral Directors, Medical Examiners, & Coroners:** To let them do their jobs such as identify a body or the cause of death.
- **To US Food and Drug Administration (FDA):** To handle product recalls or problems with food, nutritional supplements, and products such as vaccinations or birth control.
- **To Workers' Compensation:** To process a workers' compensation claim regarding a work-related injury or illness.
- **For Public Health and Safety:**
 - To public health or legal authorities
 - To prevent or control disease, injury, or disability
 - To report births, deaths, and other vital statistics
 - To reduce a serious, immediate threat to the health or safety of individuals or the public.
- **To Report Suspected Abuse or Neglect:** Of a child or adult to proper agencies.
- **To Correctional Facilities:** If you are in jail or prison, as needed for your health or for the health and safety of others.
- **For Law Enforcement Purposes:** To a law officer to report a crime, an agency investigating a crime, or if you are the victim of a crime.
- **To Health & Safety Oversight Agencies:** We may share health information with an agency that reviews local health programs such as the Washington State Department of Health.
- **For Disaster Relief:** We may share health information with disaster relief agencies to let family or friends know about your condition.
- **To US Military Authorities:** If you are a member of the military, the law may require us to provide health information necessary to carry out a military mission.
- **For Courts or Lawsuits:** As required by a subpoena, court order or to defend a lawsuit.
- **For National Security:** We may share health information with the federal government for national security or special federal investigations.
- **To Business Associates:** These are people or agencies who help us serve you. The law says we can give them enough information to do their jobs. We require them to protect your information just like we do. For example, this could include a collection agency.

TO ASK FOR HELP OR TURN IN A COMPLAINT

Please contact our Privacy Officer if you have questions, need more information, or want to report a problem with your health information. If you believe your privacy has not been protected, you may talk with any staff member right away. You may also send a written complaint to our Privacy Officer. You may also file a complaint with the U.S. Secretary of Health and Human Services. We respect your right to file a complaint. If you complain, you will not be punished.

Clark County Privacy Officer
PO Box 5000
Vancouver, WA 98666

Phone: 360-397-6121, x 4139
Web site: www.clark.wa.gov

CLARK COUNTY HEALTH DEPARTMENT

NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. *PLEASE REVIEW IT CAREFULLY.*

Clark County respects your privacy. We understand that your personal health information is sensitive. This Notice of Privacy Practices, the "notice", will tell you how we may use and share your health information. This notice will also tell you more about how you can manage your health information that we maintain.

The law protects the privacy of the health information you give to us when we provide care and services to you. For example, your medical record may include your symptoms, test results, conditions, treatment, and insurance information. We need this information to give you the best care. Federal and state law allows us to use and share your health information for treatment and health care reasons without your approval. State law requires us to get your approval to give this information to your insurance company so they can pay your bill. We will not give out your health information to others unless you tell us to do so, or unless the law requires us to do so.

YOUR HEALTH INFORMATION RIGHTS

You have many rights under state and federal laws involving health information. We may not approve everything you ask for, but we have ways of working with you if you disagree with us. You have a right to:

- Ask for and receive a paper copy of the most current "notice".
- Read and ask questions about the notice.

You may also ask for the following, but you must ask in writing and there may be certain reasons under the law we cannot approve your request:

- To limit how we use your health information.
- To have your health information sent to you in a private manner or a certain place.
- To inspect and get a copy of your health information. There is a fee for copies.
- To correct or add to your health information if you think it is wrong or something is missing.
- To withdraw your written approval of using and sharing your health information. We cannot take back information that has already been sent out.
- To obtain a list of who has received copies of your health information. You may get this list, without charge, once every 12 months. You can get the list on paper or on your computer.

WHAT WE MUST DO

- Keep your health information private and safe.
- Train our staff to keep health information private and safe.
- Follow the information in this notice.
- Give you a copy of this notice.
- Tell you how to make a complaint.

We reserve the right to change this notice. We can give you the new notice by (mail, fax, on your computer, or by you picking one up in person).

HR-45 Rev. 04/2003

UNDER FEDERAL LAW, WE MAY USE & SHARE YOUR HEALTH INFORMATION WITHOUT YOUR APPROVAL FOR TREATMENT, PAYMENT & HEALTH CARE OPERATIONS

For treatment:

- Information you give to our health care team will be written in your medical record, The health care team may read, discuss, or share your health information to provide quality care and to help decide what care may be best for you.
- We may also give health information to your other health care providers. This will help them stay informed about the care we have given you.

For payment:

- We will bill your health insurance. Health insurance companies and programs need information about your medical care to pay your bill. Information given to your health insurance may include your condition, procedures, or care we think you need. Under state law, we must still get your approval to bill your insurance.
- We may share your health information to decide which services you may get.
- We may share your health information, if you are a LEOFF 1 member, with other Clark County departments for processing your claim.

For health care operations (agency functions):

- We may use your health information to learn how to make our services better.
- We may use and share your health information to look at how our health care providers do their job and to train our staff.
- We may contact you to remind you about appointments and give you information about different types of treatment or other health-related services.
- We also may use and share your health information for the following:
 - Review by your health insurance
 - Billing and payment purposes
 - State and federal audits
 - To review our programs and make sure you get the best service

OTHER USES & DISCLOSURES OF YOUR HEALTH INFORMATION

We will get your approval to use or share your information in other ways not covered by this notice and you will still have the right to withdraw this approval at any time.

Family and Friends: We may talk about your health information to a friend or family member who helps with your medical care, who helps pay for your care, who you ask to be told, or in an emergency situation. We will tell them only what they need to know to help you. You have the right to say "no" to this use or to sharing your information. If you say "no," we will not use or share your health information with your family or friends.

Minors: Minors are children under the age of 18. Parents and legal representatives may see their minor child's health information in most cases. In some cases, we are required by law to not give you access to your minor child's health information such as treatment of substance abuse mental health, and STD's.

Clark County Privacy Officer
PO Box 5000
Vancouver, WA 98666

Phone: 360-397-6121, x 4139
Web site: www.clark.wa.gov

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DOCUMENT EXAMPLE # 16

Confidentiality Agreement

EXCEPTIONS TO CONFIDENTIALITY

Confidentiality - or speaking "in confidence" means that everything a client tells his/her counselor is kept secret and private from any person, group or organization. Information that is kept confidential includes all written notes in the client's file all mental notes kept in the counselor's head, even the client's status as a client at this agency,

1. **Suicidal Action:** If it is clear to your counselor that you are ready-in the immediate future-to commit an actual suicidal act the counselor is required by law to inform the police and/or emergency paramedics who will arrive and intervene This action will be taken ONLY if you are clearly ready to commit suicide. Such a call would no be surprise to you. Your counselor would tell you of this concern and potential action that would be taken if you gave your counselor no other alternatives.
2. You can **discuss** any aspects of suicide with your counselor without triggering this break in confidentiality. Feel free to talk about suicidal thoughts, dreams, or urges without worry of emergency personnel being called. Your counselor will only break confidentiality if you are in imminent danger of harming yourself.
3. **Danger to Others:** If it is clear to your counselor that you have intention to harm a specific person, and you have a plan on how to harm the person(s) you have named and identified - then the counselor is required by law to notify police and take reasonable steps to warn the intended victim(s).
- 4 **Unable to Care for Yourself:** If it is clear to your counselor that you are unable to care for yourself and your safety then the counselor is required to alert paramedics and/or police that you are "gravely disabled" and may need to be hospitalized for up to three (3) days This situation rarely happens. A client is considered gravely disabled if, for example, they cannot feed themselves might walk into traffic, do not know where they are or how to get home, and other similar major problems in basic functioning.
5. **Child or Elder Abuse:** If during the course of counseling/receipt of services you mention that as a child you were physically or sexually abused, or neglected by an adult, or that you know the details of some current physical or sexual abuse or neglect of a child elder or dependent adult, and you have provided the name and address of the perpetrator of the abuse/neglect then your counselor is required by law to file a report with the department of social services.

There are certain other situations in which confidentiality may be broken. Please understand that these situations are rare and that the breaking of confidentiality is done only in required or urgent situations; these situations include when required by court order during a medical emergency, for inter-agency case management, for research purposes or during an audit of program information If you are going to receive inter-agency case management services and/or are participating in any research, your signed consent will be requested and obtained before any confidential information is shared.

Clinical Supervision: At times during the course of your counseling sessions, your counselor will discuss clinical issues with his/her clinical supervisor and the treatment team. This is a standard practice in mental health environments and assures you that an experienced supervisor reviews your counselor's approach. The supervisor and team, of course, maintain the same strict guidelines for confidentiality,

Other than the above noted possible exceptions, all of your contacts and communications with your counselor will be protected and held in complete confidence.

I have read and understand the above paragraphs about the exceptions to confidentiality.

Client Name (print) _____

Agency Staff Person's Name (print) _____

Client Signature . _____

Agency Staff Person's Signature _____

Date __/__/__

Date __/__/__

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APPENDIX B

DOCUMENT EXAMPLE # 17

**Comprehensive Behavioral Risk
Assessment Tool**

1. The reason(s) why client is seeking services?

2. Date of birth ____/____/____ Age ____
MM DD YY

3. Gender

- ☐ Male
☐ Female → ☐ MTF transgender
☐ pregnant
☐ Transgender: male to female
☐ Transgender: female to male
☐ other (specify) _____

4. Self described sexual orientation

- ☐ gay male (msm, queer)
☐ bisexual
☐ lesbian
☐ heterosexual (straight)
☐ other (specify) _____

5. Behavioral risk population

- ☐ MSM, MSM/F ☐ MSM-IDU, MSM/F-IDU
☐ TSM, TSM/F, TSF ☐ TSM-IDU, TSM/F-IDU, TSF-IDU
☐ FSM, FSM/F ☐ FSM-IDU, FSM/F-IDU
☐ MSF ☐ MSF-IDU

6. Race/ethnicity

- 1st 2nd
☐ ☐ African American/Black (Specify) _____
☐ ☐ American (Am. Indian)/Alaskan Native (Specify) _____
☐ ☐ Asian (Specify) _____
☐ ☐ Hawaiian/Other Pacific Islander (Specify) _____
☐ ☐ Hispanic/Latino (Specify) _____
☐ ☐ White (Non-Latino/Hispanic) (Specify) _____
☐ ☐ Other (Specify) _____

7. Main language spoken at home _____

8. Current Living situation

- ☐ own/rent house/ apartment/ or room in house or apartment
☐ not paying rent/mortgage but living in a stable situation with friends/family/ relatives
☐ Residential housing program (stable)
☐ SRO (stable)
☐ Residential housing program (transitional setting)
☐ SRO (unstable w/out tenancy - less than 28 days)
☐ jail/prison (incarcerated)
☐ Halfway house or residential drug/alcohol treatment program
☐ Homeless (shelter, emergency SRO, on streets, temporary situation w/ friends, relatives, acquaintances because unable to get/find/keep permanent place)
☐ OTHER (SPECIFY) _____

9. Neighborhood of current residence _____

Assessment Date ____/____/____
MM DD YY

10. Sources of Income

- ☐ Employment ☐ From Family/Friends
☐ Off The Books Work ☐ Sex Work
☐ SSI ☐ Student Loans
☐ Disability (SDI/SSDI) ☐ GA
☐ Unemployment ☐ Selling Drugs
☐ Other _____ ☐ No income

11. Sexual partners, sex exchange & STD sexual risk behaviors

	oral		anal		vaginal	
	in	In	in	In	in	In
	past 12 months	past 6 months	past 12 months	past 6 months	past 12 months	past 6 months
sex with men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sex with women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sex with transgenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sex with an IDU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exchanged sex for drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exchanged sex for money/other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total number of sexual partners in past 12 months: _____

12. HIV/sexual risk behaviors

	in past 12 months	in past 6 months	Was condom used the last time?
A. anal sex as the bottom/receptive	<input type="checkbox"/>	<input type="checkbox"/>	O Yes O No O N/A
▪ unprotected <u>anal sex</u> as the bottom receptive with a serodiscordant partner	<input type="checkbox"/>	<input type="checkbox"/>	O N/A
▪ unprotected <u>anal sex</u> as the bottom/receptive with a partner of unknown status or when partner did not know client's status	<input type="checkbox"/>	<input type="checkbox"/>	
B. anal sex as the top/insertive	<input type="checkbox"/>	<input type="checkbox"/>	O Yes O No O N/A
▪ unprotected <u>anal sex</u> as the top/insertive with a serodiscordant partner	<input type="checkbox"/>	<input type="checkbox"/>	O N/A
▪ unprotected <u>anal sex</u> as the top/insertive with a partner of unknown status or when partner did not know client's status	<input type="checkbox"/>	<input type="checkbox"/>	
C. vaginal sex as the bottom/receptive	<input type="checkbox"/>	<input type="checkbox"/>	O Yes O No O N/A
▪ unprotected <u>vaginal sex</u> as the bottom/receptive with a serodiscordant partner	<input type="checkbox"/>	<input type="checkbox"/>	O N/A
▪ unprotected <u>vaginal sex</u> as the bottom/receptive with a partner of unknown status or when partner did not know client's status	<input type="checkbox"/>	<input type="checkbox"/>	
D. vaginal sex as the top/insertive	<input type="checkbox"/>	<input type="checkbox"/>	O Yes O No O N/A
▪ unprotected <u>vaginal sex</u> as the top/insertive with a serodiscordant partner	<input type="checkbox"/>	<input type="checkbox"/>	O N/A
▪ unprotected <u>vaginal sex</u> as the top/insertive with a partner of unknown status or when partner did not know client's status	<input type="checkbox"/>	<input type="checkbox"/>	

13. Substance use

A. Is client concerned about use of substances? Yes / No

If yes: A1 How so? _____

B Has client ever been in alcohol/substance abuse treatment? Yes / No

If yes: B1. Most recent treatment _____/_____
MM/YY

B2 Type of treatment received _____

14. Non-injected substances used

in past 12 months	in past 6 months	
<input type="checkbox"/>	<input type="checkbox"/>	crack
<input type="checkbox"/>	<input type="checkbox"/>	methamphetamine (speed)
<input type="checkbox"/>	<input type="checkbox"/>	cocaine
<input type="checkbox"/>	<input type="checkbox"/>	poppers
<input type="checkbox"/>	<input type="checkbox"/>	heroin
<input type="checkbox"/>	<input type="checkbox"/>	ecstasy
<input type="checkbox"/>	<input type="checkbox"/>	GHB
<input type="checkbox"/>	<input type="checkbox"/>	ketamine
<input type="checkbox"/>	<input type="checkbox"/>	Viagra
<input type="checkbox"/>	<input type="checkbox"/>	alcohol
<input type="checkbox"/>	<input type="checkbox"/>	marijuana
<input type="checkbox"/>	<input type="checkbox"/>	inhalents
<input type="checkbox"/>	<input type="checkbox"/>	prescription drugs
<input type="checkbox"/>	<input type="checkbox"/>	other psychoactive substances

15. Injection drug use

Has client ever injected drugs? Yes / No

in past 12 months	in past 6 months	
<input type="checkbox"/>	<input type="checkbox"/>	crack
<input type="checkbox"/>	<input type="checkbox"/>	methamphetamine (speed)
<input type="checkbox"/>	<input type="checkbox"/>	cocaine
<input type="checkbox"/>	<input type="checkbox"/>	heroin
<input type="checkbox"/>	<input type="checkbox"/>	ketamine
<input type="checkbox"/>	<input type="checkbox"/>	goofball (heroin & methamphetamine)
<input type="checkbox"/>	<input type="checkbox"/>	speed ball (heroin and cocaine)
<input type="checkbox"/>	<input type="checkbox"/>	female hormones/silicone

Frequency of injection drug use (past 6 months) _____

Frequency of sharing needles, cotton,
cooker, and rinse water (past 6 months) _____

Was any equipment shared the last time client shot up? Yes / No

16. Sexually transmitted infections / Hepatitis

Has a medical provider told client they had an STD or Hepatitis?

<u>Ever</u>	<u>Past 12 months</u>
<input type="checkbox"/> Syphilis	<input type="checkbox"/> Syphilis
<input type="checkbox"/> Gonorrhea [clap]	<input type="checkbox"/> Gonorrhea [clap]
<input type="checkbox"/> Chlamydia	<input type="checkbox"/> Chlamydia
<input type="checkbox"/> Trichomoniasis	<input type="checkbox"/> Trichomoniasis
<input type="checkbox"/> genital or rectal warts	<input type="checkbox"/> genital or rectal warts
<input type="checkbox"/> genital, rectal or oral herpes	<input type="checkbox"/> genital, rectal or oral herpes
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hepatitis C	<input type="checkbox"/> Hepatitis C
<input type="checkbox"/> Hepatitis type not known	<input type="checkbox"/> Hepatitis type not known
<input type="checkbox"/> Non-specific urethritis	<input type="checkbox"/> Non-specific urethritis
<input type="checkbox"/> [NSU or NGU]	<input type="checkbox"/> [NSU or NGU]
<input type="checkbox"/> Other or specific STD not known	<input type="checkbox"/> Other or specific STD not known

17. HIV status : result of most recent HIV test

☐ never tested

Client's most recent HIV test? ____/____/____
MM DD YY

☐ HIV POSITIVE
☐ HIV NEGATIVE
☐ INCONCLUSIVE TEST RESULT
☐ DID NOT RETURN FOR TEST RESULTS

18. HIV NEGATIVE clients

Did client ever use PEP (post-exposure prevention) after having unprotected sex or after sharing injection equipment?

Yes/ No

If yes:

a. how many times has client taken PEP? _____

b. when was the most recent time? ____/____
MM YY

19. HIV POSITIVE clients

A. Does client have a primary HIV care provider? Yes / No

B. Is client currently on antiretroviral therapy/ OI prophylaxis? Yes / No

If yes: B1 medication adherence in the past week or month & any
difficulties with medication adherence _____

If no: B2 reasons why not on therapy _____

C. The client's most recent T-cell/viral load count tested ____/____
MM YY

Most recent T-cell count: ____

Lowest ever T-cell count: ____

Most recent viral load count:

____, ____ or D Undetectable/below 500/50

Highest ever viral load count:

____, ____ or D Undetectable/below 500/50

D. Has client ever had an AIDS diagnosis? Yes / No

E. Has client used HIV health services in past six months? Yes / No

F. Does client currently have a Ryan White case manager? Yes / No

If yes: F1 Who and agency/program _____

If no: F2 Have I discussed with the client whether having one would be beneficial?

Yes/ No

20. General Medical

A. What are client's major medical concerns? _____

B. Is client currently in care for a specific medical condition? Yes / No

If yes what type(s) of condition(s) _____

C. Does client have a primary medical provider? Yes / No

21. Main source of health care (past six months)

- Emergency room care ☐ Didn't get any
☐ public hospital (SFGH)
☐ private hospita
- Inpatient hospital care ☐ public hospital (SFGH)
☐ private hospital
- Outpatient care ☐ public hospital or clinic
☐ private hospital / clinic / docfor's office
☐ Jail/correctional facility
☐ Student health service

☐ Some other place _____

22. Health Insurance

Type(s) of health insurance currently has (check all that apply)

0 None

- Public: 0 MediCal
0 Medicare
0 Military, VA, TRICARE/CHAMPUS/CHAMP-VA
0 CHIP (Children's Health Insurance Program)
0 Indian Health Service
0 Alaskan Native Health Service
0 Other County/State/Federal program/health plan

Private: 0 PPO, HMO or Student Health

Other _____

23. Mental health issues

- A. Is client currently depressed? Yes / No
- B. Is client having relationship issues? Yes / No
- C. Does client have other mental health issues effecting them? Yes / No
- If yes: C1. What are they? _____

- D. Is client currently in care of a therapist? Yes / No
- E. Is client undergoing treatment for depression or other mental health issues? Yes / No
- F. Has client ever sought or is currently in need of treatment for addictive behaviors? Yes / No
- G. Does client have a history of sexual abuse or domestic violence? Yes / No

24. Prior utilization of services

Has client used HIV prevention services in past six months? Yes / No

What were client's experiences/issues with these services (positive, negative, neutral)? _____

25. Social support networks

What are the client's main sources of social support (friends, family, etc.)? _____

26. HIV prevention and transmission knowledge

Does the client need information on how to prevent infection or transmission of HIV? Yes / No

27. Advocacy issues

Does client have issues or needs regarding housing, finances/ employment, legal issues, food, clothing, etc ? _____

28. Special needs

Does client have any special needs such as vision, hearing or language needs? _____

29. Referral needs

- ☐ Housing
☐ Shelter
☐ Money Management
☐ Food
☐ Transportation
☐ Clothing
☐ Benefits Counseling
☐ Legal Assistance
☐ Job training
☐ Practical support/home care
☐ HIV/STD testing
☐ HIV/STD prevention services
☐ Needle exchange
☐ Outpatient drug treatment
☐ Inpatient drug treatment
☐ Substance abuse counseling
☐ General counseling/therapy
☐ Emotional support
☐ Crisis management
☐ Medical/health care
☐ Traditional Healers
☐ Dental care
☐ Family planning
☐ Childcare/ foster care
☐ Transgender services
☐ Culturally specific programs

Additional notes: _____

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DOCUMENT EXAMPLE # 18

Verification of Serostatus

Medical Documentation for the Early Intervention Program

You must provide documentation that you have HIV to receive or continue receiving services from the Early Intervention Program (EIP). Your health care provider or case manager can sign this document if they have evidence of your status. Send the completed form to:

Early Intervention Program
PO BOX 47841
Olympia WA 98504-7841

NOTE: We will not accept this form if faxed.

Applicant authorization

I authorize my health care provided or case manager to inform the Washington State Department of Health about my HIV status. I understand this documentation is required to receive benefits form EIP.

X _____
Signature of applicant Date

Print Applicant Name EIP# or date of birth

Documentation

To be completed by applicant's health care provider:

I have evidence that this applicant is HIV positive.

X _____
Signature of Health Care Provider Date

Print Health Care Provider Name Phone number Address

OR

To be completed by applicant's case manager:

I have evidence that this applicant is HIV positive.

X _____
Signature of Case Manager Date

Print Case Manager Name Phone number Address

For information, call the Early Intervention Program at 1-877-376-9316 or 360-236-3426

11/2003

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DOCUMENT EXAMPLE # 19

**Voluntary Informed Consent
For Prevention Case
Management Services**

Consent For Prevention Case Management

I have been offered the opportunity to have case management from the Tacoma Pierce County Health Department (TPCHD) Prevention Case Management (PCM) service. Prevention Case Management service provides a comprehensive assessment for HIV services and referrals and supportive, individualized counseling and education.

TACOMA-PIERCE COUNTY
**HEALTH
DEPARTMENT**

Federico Cruz-Uribe, MD, MPH
Director of Health

Governed by a local
Board of Health

- Community Based
- Competitive
- Integrated
- Preventive

Please indicate your choice for this service by initializing the appropriate lines below:

_____ Yes, I would like to have Prevention Case Management.

_____ **AND I have been offered the option for statewide
Medicaid HIV/AIDS case management services by other
Providers. (Title XIX)**

(Client Signature)

(Date)

(Witness Signature)

(Date)

(Print Name)

(Address)

(City, State, Zip)

(Phone Number)

All confidential information about any individual with a reportable disease or condition shall be protected by persons with knowledge of such identity and confidentiality will be maintained in accordance with WAC 246-100-016.

The Tacoma-Pierce County Health Department HIV Services is dedicated to safeguarding and enhancing the health of our community by providing caring and professional service.

07/2002

Printed on 100% recycled paper
3629 South D Street
Tacoma, WA 98418-6813

253/798-6500
TDD: 798-6050
800/992-2456

www.healthdept.co.pierce.wa.us

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DOCUMENT EXAMPLE # 20

**Voluntary Informed
Consent
For Services**

(SAMPLE)

Consent For Receipt Of Services

I, _____ give my consent to receive the following services

_____, _____,

at this agency. I understand that my participation in these services may run up to __ weeks and I agree to notify my service provider if for any reason I wish to stop participating. I acknowledge that I have received a written copy of the client grievance procedure, and exceptions to confidentiality.

Client Signature

Date

Agency Staff Person's Signature

Date

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DOCUMENT EXAMPLE # 21

**Consent For Release
Of Information**

CLARK COUNTY HEALTH DEPARTMENT
P.O. Box 9825 • 2000 Fort Vancouver Way • Vancouver, WA 98666-8825
(360) 397-8215 • Fax (360) 397-8402

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Name: _____ DOB: _____ Phone #: _____

PLEASE OBTAIN INFORMATION FROM:

Name of Provider/Clinic/Organization

Street Address

City, State, Zip Code

Phone: _____ FAX: _____

PLEASE SEND INFORMATION TO:

Name of Provider/Clinic/Organization

Street Address

City, State, Zip Code

Phone: _____ FAX: _____

I AUTHORIZE the following information to be disclosed: (Please initial all that apply)

_____ Entire Record	_____ HIV Record	_____ Billing Records
_____ Immunization Record	_____ STD Record	_____ Other _____
_____ Lab Test	_____ Psychiatric/Mental Health	_____ Date(s) _____
_____ TB Test	_____ Alcohol/Substance Use	

REASON for disclosure of health information: (Please initial)

_____ At my request	_____ Job	_____ Other _____
_____ Continuing Care	_____ School	_____
_____ Legal	_____ Insurance	_____

EXPIRATION of this Authorization: (Please initial one)

_____ 90 days after signature date _____ On this date: _____
_____ When this event happens; _____

ADDITIONAL PATIENT INFORMATION:

- I understand that I have the right to withdraw this authorization. To withdraw, please sign below.*
- I understand that I do not have to sign this authorization to get treatment.
- I understand that once my health care information is disclosed as I have authorized, it could be redisclosed by the recipient and is no longer protected by Clark County.
- I understand that signing this authorization does not cancel any rights I have under other state or federal laws.

Client Signature (Parent or Legal Representative, if applicable) Relationship/Authority Date: _____

*I wish to withdraw this authorization: _____ Date: _____

Witness Signature _____

- ☐ Fee Explained ☐ ID Needed
☐ Pick-Up Records ☐ Mail Records ☐ FAX Records

HR-08 Rev. 03/2003
File under: CORRESPONDENCE
Distribution: White-Record Yellow-Client

Name: _____		
_____ Last	_____ First	_____ MI
DOB: _____		Sex: <input type="checkbox"/> F <input type="checkbox"/> M
MM/DD/YYYY		
HRN: _____		

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Sample Forms Provided by Local Health Jurisdictions and Community Based Organizations

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DOCUMENT EXAMPLE # 22

**Client/Service Provider
Agreement**

PREVENTION CASE MANAGEMENT SERVICE PLAN

ID# _____

Date _____

Goal This should be stated in the client's own words, in behavioral terms.

EXAMPLES: I'll use condoms more often with my sexual partners, especially when I'm drinking. I'll stay safe, even if I have to leave my relationship.

Benefit of reaching this goal In the client's own words, what is the benefit?

EXAMPLES: I won't get gonorrhea again. My lover won't get gonorrhea again. I can look my boyfriend in the eye when I say I'm clean.

Barriers to reaching this goal What gets in the way? Client's own words.

EXAMPLES: I forget about condoms when I'm drinking. My partners Don't like condoms. It's hard for me to stay in the mood when I have to stop and put on a condom. I don't remember much about what happens when I'm drinking. He hit me last time I mentioned condoms. My partner drinks—I can't be with him and not drink.

Behavioral objectives What changes might make the goal attainable (brainstorm)

EXAMPLES: Hang around with different people. Drink less. Stop drinking. Ask my partners to use condoms. Carry condoms. Talk to my partner about his drinking. Say "no" once in awhile. Change my housing. Talk to my doctor and get some advice about my drinking. Ask someone to show me how to deal with my partners. Stay with my friend for awhile to give me time to think. Talk to my partner about what I do when he's away.

Action steps List, prioritize, select. (must be specific and achievable)

EXAMPLES: Get an assessment and treatment if necessary for my alcohol use. Go back to AA. Drop in at the STD clinic. Tell my doctor what's really going on with me. Join the mens group (local prevention intervention). Get counseling to deal with my relationship. Learn some ways to talk to my partners about staying safe. Apply for my own housing.

Resources needed Information, skill building, referrals (coordinate with case management or facilitate directly). Referral includes follow up to determine if successful.

EXAMPLES: Housing referral. Alcohol treatment referral. Counseling referral. Referral to local prevention program. STD referral. Physician referral. Skill building exercises. Client journal.

Client and Case Manager roles Divide tasks responsibilities.

EXAMPLES: Case manager calls alcohol treatment program, or case manager to facilitate referral; client shows up for appointment. Case manager provides skill building exercise on negotiating safer sex. Client participates and debriefs experience. Client agrees to test this approach and report to Case Manager on results.

Timeframe Indicate when each action step will be accomplished and when result will be reviewed.

EXAMPLES: Client will go to AA meeting he used to attend at least once this week. He will report on his success at next meeting. Client will walk over to STD clinic today with Case Manager to get a drop-in appointment, will check in with Case Manager to debrief after the appointment.

Client initials/signature _____

Review date _____

At review explore with client how progress to date has affected the overall goal. Continue with additional objectives and action steps if progress is ongoing and goal is still valid. Proceed to discharge plan, if overall goal is achieved.

Complete this process for each goal at each session. Limit number of goals (one or two, per client). Even two stretches client's ability to adapt, so prioritize and select.

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DOCUMENT EXAMPLE # 23

**Individualized
Client-Centered
Prevention Plan**

E. The Prevention Case Management Plan

Client assessment and screening will form the basis of the PCM plan. Working with the information from the assessment, the prevention case manager and the client should identify priority HIV prevention and other needs, and develop a plan to address these needs.

The PCM plan may take many different forms and should be flexible. However, the steps the client and case manager will take to address HIV risk behaviors and other co-factors should be clearly outlined in the plan. HIV risk reduction counseling must be included as part of the plan.

1. All PCM plans should have the following components:

- A section outlining client goals

What are the goals that the client hopes to attain through using prevention case management services? (These can be both long-term and short-term goals, and should relate to HIV risk behaviors).

- A section outlining client outcomes/objectives

Outcomes or objectives are the intermediate steps that the client must attain in order to reach his/her goals. (These may or may not directly relate to HIV risk behaviors).

- A section outlining possible barriers to outcomes/objectives

Barriers are things the client or the prevention case manager identifies as impeding the client from reaching his/her outcomes or objectives.

- A section outlining action steps to be taken by client

Action steps are the things the client can do that will help him/her attain the objectives and address the barriers.

- A Timeline

Each action step should have a timeline for completion,

- A section detailing client follow-up

During each PCM session, the prevention case manager should follow-up on a client's progress to attaining objectives or completing action steps. These must be documented as part of the PCM plan or in progress notes.

- The Agreement

All plans must be signed by client to indicate agreement (client can use pseudonym).

- For individuals living with HIV

The plan should also address (if appropriate) issues of treatment adherence, medical care, and coordination of other case management and treatment advocacy services.

2. Incorporating HIV Risk Reduction Counseling into the PCM Plan

All PCM clients must be aware that HIV prevention and risk reduction counseling (both primary and secondary) are an integral part of the on-going work between the case manager and the client. HIV risk reduction counseling must be included in the PCM plan.

The type of HIV risk reduction counseling will depend on the needs of the client, but at a minimum should include:

- Counseling and skill building to reduce HIV risk behaviors.
- Education about routine STD testing and the increased risk of HIV transmission associated with STDs.
- Referrals to various types of other HIV prevention services appropriate for the client, such as single session and multiple session groups.
- Education and counseling about pregnancy issues (if applicable).
- *For clients who are unaware of their HIV status or have not recently tested*, information regarding the potential benefits of knowing their HIV serostatus, referrals and referral follow-up for anonymous or confidential testing must be provided.
- *For clients who are HIV positive but currently not receiving medical care*, information about accessing medical care, referrals and referral follow-up for related treatment and care must be provided.
- *For clients -who are HIV positive*, reduction of HIV risk to other individuals must be included; this may include counseling around disclosure, negotiated safety, and/or partner notification.

Once a PCM Plan has been developed, it should be revisited at every session to document progress and to ensure that it is still relevant to the needs of the client. If the needs or issues of a client have changed, the plan should be changed to reflect these new needs.

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DOCUMENT EXAMPLE # 24

**Individualized
Client-Centered
Prevention Plan**

Positive Choices INDIVIDUALIZED SERVICE PLAN

Client Code: _____

Date: _____

Specific Needs	Action steps toward need	Client strengths, responsibilities, and cotributions towards the need	Client Initials	Staff Initials	Target Date	Date Achieved

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DOCUMENT EXAMPLE # 25

Referral Tracking Form

PCM Referral Tracking Form

Client Name/ # _____

Date of first session ____/____/____

Agency/service referred to	Actual appointment made	Date referral made	Follow-up w/ client on referral	Date of initial follow-up	Accompanied client to referral site	Date referral accessed	Notes (issues, services/benefits received)
Housing 1 _____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	1 _____
2 _____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	2 _____
3 _____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	3 _____
Shelter 1 _____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	1 _____
2 _____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	2 _____
3 _____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	3 _____
Money 1 _____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	1 _____
Management 2 _____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	2 _____
3 _____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	3 _____
Food 1 _____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	1 _____
2 _____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	2 _____
3 _____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	3 _____

Agency/service referred to	Actual appointment made	Date referral made	Follow-up w/ client on referral	Date of initial follow-up	Accompanied client to referral site	Date referral accessed	Notes (issues, services/benefits received)
Transportation							
1	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	1
2	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	2
3	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	3
Clothing							
1	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	1
2	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	2
3	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	3
Benefits Counseling							
1	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	1
2	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	2
3	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	3
Legal Assistance							
1	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	1
2	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	2
3	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	3

Agency/service referred to	Actual appointment made	Date referral made	Follow-up w/ client on referral	Date of initial follow-up	Accompanied client to referral site	Date referral accessed	Notes (issues, services/benefits received)
Job Training 1	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	1
2	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	2
3	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	3
Pracitcal 1 Support/ Home Care2	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	1
2	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	2
3	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	3
HIV/STD 1 Testing	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	1
2	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	2
3	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	3
HIV/STD 1 Prevention Services 2	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	1
2	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	2
3	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	3

Agency/service referred to	Actual appointment made	Date referral made	Follow-up w/ client on referral	Date of initial follow-up	Accompanied client to referral site	Date referral accessed	Notes (issues, services/benefits received)		
Needle Exchange	1	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	1	_____
	2	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	2	_____
	3	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	3	_____
Outpatient Drug Treatment	1	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	1	_____
	2	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	2	_____
	3	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	3	_____
Inpatient Drug Treatment	1	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	1	_____
	2	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	2	_____
	3	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	3	_____
Substance Abuse Counseling	1	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	1	_____
	2	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	2	_____
	3	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	3	_____

Agency/service referred to	Actual appointment made	Date referral made	Follow-up w/ client on referral	Date of initial follow-up	Accompanied client to referral site	Date referral accessed	Notes (issues, services/benefits received)
General 1 _____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	1 _____
Counseling/ 2 _____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	2 _____
Therapy 3 _____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	3 _____
Emotional 1 _____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	1 _____
Support 2 _____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	2 _____
3 _____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	3 _____
Crisis 1 _____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	1 _____
Management 2 _____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	2 _____
3 _____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	3 _____
Medical/ 1 _____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	1 _____
Health Care 2 _____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	2 _____
3 _____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	<input type="checkbox"/>	____/____/____	3 _____

Agency/service referred to	Actual appointment made	Date referral made	Follow-up w/ client on referral	Date of initial follow-up	Accompanied client to referral site	Date referral accessed	Notes (issues, services/benefits received)
Dental 1	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	1
Care							
2	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	2
3	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	3
Family 1	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	1
Planning							
2	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	2
3	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	3
Other 1	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	1
2	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	2
3	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	3
Other 1	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	1
2	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	2
3	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	___/___/___	3

**Prevention Case Management
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APPENDIX B

DOCUMENT EXAMPLE # 26

Client Session Log

PCM CLIENT SESSION FORM

CLIENT NAME/ID # _____

services provided during the client session/encounter and work done on behalf of the client

1	initial intake/screening	6	Skills building	11	Counseling/emotional support	16	Background work on referrals
2	Client assessment	7	Administer client satisfaction survey	12	Give referral(s)	17	Collaborate w/ other case mngr
3	Negotiate behavior plan/set of objective	8	HIV/STD prevention education	13	Follow-up on previously given referrals	18	Workshop/group
4	re-assessment w/ client risks/behavior plan	9	Crisis management	14	Take client to referral(s)	19	Client discharge
5	general follow-up	10	Client advocacy	15	Make appointments for referral(s) given	20	other

session date	services provided	session length	notes
1. ____/____/____ mm dd yy		In minutes: ____	
2. ____/____/____ mm dd yy		In minutes: ____	
3. ____/____/____ mm dd yy		In minutes: ____	

services provided during the client session/encounter and work done on behalf of the client

1	initial intake/screening	6	Skills building	11	Counseling/emotional support	16	Background work on referrals
2	Client assessment	7	Administer client satisfaction survey	12	Give referral(s)	17	Collaborate w/ other case mngr
3	Negotiate behavior plan/set of objective	8	HIV/STD prevention education	13	Follow-up on previously given referrals	18	Workshop/group
4	re-assessment w/ client risks/behavior plan	9	Crisis management	14	Take client to referral(s)	19	Client discharge
5	general follow-up	10	Client advocacy	15	Make appointments for referral(s) given	20	other

session date	services provided	session length	notes
4. ____/____/____ mm dd yy		In minutes: ____	
5. ____/____/____ mm dd yy		In minutes: ____	
6. ____/____/____ mm dd yy		In minutes: ____	

services provided during the client session/encounter and work done on behalf of the client

1	initial intake/screening	6	Skills building	11	Counseling/emotional support	16	Background work on referrals
2	Client assessment	7	Administer client satisfaction survey	12	Give referral(s)	17	Collaborate w/ other case mngr
3	Negotiate behavior plan/set of objective	8	HIV/STD prevention education	13	Follow-up on previously given referrals	18	Workshop/group
4	re-assessment w/ client risks/behavior plan	9	Crisis management	14	Take client to referral(s)	19	Client discharge
5	general follow-up	10	Client advocacy	15	Make appointments for referral(s) given	20	other

session date	services provided	session length	notes
7. ____/____/____ mm dd yy		In minutes: ____	
8. ____/____/____ mm dd yy		In minutes: ____	
9. ____/____/____ mm dd yy		In minutes: ____	

services provided during the client session/encounter and work done on behalf of the client

1	initial intake/screening	6	Skills building	11	Counseling/emotional support	16	Background work on referrals
2	Client assessment	7	Administer client satisfaction survey	12	Give referral(s)	17	Collaborate w/ other case mngr
3	Negotiate behavior plan/set of objective	8	HIV/STD prevention education	13	Follow-up on previously given referrals	18	Workshop/group
4	re-assessment w/ client risks/behavior plan	9	Crisis management	14	Take client to referral(s)	19	Client discharge
5	general follow-up	10	Client advocacy	15	Make appointments for referral(s) given	20	other

session date	services provided	session length	notes
10. ____/____/____ mm dd yy		In minutes: ____	
11 ____/____/____ mm dd yy		In minutes: ____	
12 ____/____/____ mm dd yy		In minutes: ____	

services provided during the client session/encounter and work done on behalf of the client

1	initial intake/screening	6	Skills building	11	Counseling/emotional support	16	Background work on referrals
2	Client assessment	7	Administer client satisfaction survey	12	Give referral(s)	17	Collaborate w/ other case mngr
3	Negotiate behavior plan/set of objective	8	HIV/STD prevention education	13	Follow-up on previously given referrals	18	Workshop/group
4	re-assessment w/ client risks/behavior plan	9	Crisis management	14	Take client to referral(s)	19	Client discharge
5	general follow-up	10	Client advocacy	15	Make appointments for referral(s) given	20	other

session date	services provided	session length	notes
13. ____/____/____ mm dd yy		In minutes: ____	
14 ____/____/____ mm dd yy		In minutes: ____	
15 ____/____/____ mm dd yy		In minutes: ____	

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APPENDIX B

DOCUMENT EXAMPLE # 27

Client Satisfaction/Feedback Form

Positive Choices Client Feedback

1. Was Positive Choices helpful to you?

☐ Yes

☐ No

Please explain why it was helpful or not:

2. What did you like about Positive Choices?

3. What did you not like about Positive Choices?

4. Would you recommend a friend participate in Positive Choices?

☐ Yes

☐ No

Explain why you would recommend or not recommend a friend participate in Positive Choices:

5. Are you having or will you have safer sex due to participating in Positive Choices?

☐ Yes

☐ No

Why or why not?

6. Please give us any feedback you have for us about the sessions, the questionnaires, the incentives or the program in general:

Thanks for your time. Your feedback is helpful for the development of this program.

